

Third Annual Report on Schizophrenia Pharmacotherapy in VA

with an Appendix on Pharmacologic Treatment of Dementia in VA

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The authors would like to acknowledge the Drug Benefit Management System in Hines, Illinois for supplying the prescription drug information used in this report.

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Executive Summary

Background: Pharmacotherapy is the cornerstone of effective treatment for schizophrenia. This report, the third in a series, presents a profile of the use of antipsychotic medications in the treatment of schizophrenia in the Department of Veterans Affairs nationwide.

Methods: Patients were identified as being diagnosed with schizophrenia if they had at least two outpatient encounters with a diagnosis of schizophrenia during fiscal year (FY) 2001. All VA prescription drug records written during FY 2001 were then collected for these patients. Patients who received a prescription for an antipsychotic medication were identified. Taking the last antipsychotic prescription during this period and going back seven days, all antipsychotic medications that were prescribed and the amount prescribed for each patient receiving an antipsychotic were identified. Measures of polypharmacy and compliance with PORT recommendations were constructed from these data, as well as indicators reflecting the use of atypical antipsychotics, and compared with the values from FY 2000.

Results: Of the 78,199 patients in the final sample with schizophrenia, 70,068 (89.6%) had at least one prescription for an antipsychotic medication. This proportion is up 8.7% from FY 2000. Of these patients, 6,315 (9.0%) met criteria for polypharmacy, and 9,311 (13.3%) were dosed above the PORT recommendations. These proportions were also increases from the FY 2000 levels. Of the patients who received an antipsychotic, 50,342 or 71.8% received an atypical, up from 58.8% in FY 1999 and 64.4% in FY 2000. Of patients receiving an atypical, most received either olanzapine (22,866 or 45.4%) or

risperidone (19,759 or 39.2%), while far fewer received quetiapine (13.3%) or clozapine (3.8%). These rates are similar to those found in a sample of privately insured patients (see enclosed study in appendix A). Specific data on each VISN and medical center show substantial variation. For example, the percent of patients on atypicals ranged from 66% to 78% across VISNs, and from 44% to 89% across medical centers (see tables 2ab and 3ab following appendix B).

Another appendix describing pharmacotherapy for patients with dementia treated in mental health clinics showed that 40.6% receive a cholinesterase inhibitor and 41.9% receive an antipsychotic (of whom 86.6% received an atypical).

Conclusions: Although the proportion of patients with a diagnosis of schizophrenia who received an antipsychotic medication increased in FY 2001, over 10% of patients with a diagnosis of schizophrenia did not receive an oral prescription for an antipsychotic medication, although they may have received a depot medication or filled their prescriptions outside of the VA. The proportion of patients receiving more than one antipsychotic medication or that are dosed higher than the PORT guidelines in VA is relatively small, but increased in FY 2001. The number of outpatients diagnosed with schizophrenia who receive an atypical antipsychotic also increased, with most of the increase apparently due to greater use of quetiapine.

I. Introduction

Pharmacotherapy has long been the cornerstone of treatment for schizophrenia. As health care systems respond to pressures to reduce the costs of care, there is a growing concern that quality be systematically monitored and preserved. Performance assessment based on clinically derived practice guidelines provides one mechanism for evaluating the quality of care in a clinical practice or organization. The Schizophrenia Patient Outcomes Research Team (PORT) has developed one widely respected set of guidelines for the treatment of schizophrenia (1).

The Veterans Health Administration of the Department of Veteran Affairs (VA) has not been immune to pressures to reduce health care costs. In 1995, VA experienced a major reorganization in which 22 distinct geographically based Veterans Integrated Service Networks (VISNs) were created, each responsible for the veteran population within its boundaries. An associated goal of the reorganization was to shift the focus of care away from acute inpatient care and towards more ambulatory and primary care in order to improve the accessibility of services and to address anticipated budget reductions (2). Although total mental health expenditures increased 0.2% between 1995 and 2001, the inflation adjusted values declined by 13.7% (3, 4).

Pharmacologic treatment of schizophrenia has changed in recent years with the introduction of newer atypical antipsychotic medications. These medications (i.e. clozapine, olanzapine, quetiapine, risperidone and ziprasidone) are equally or more effective than conventional antipsychotic medications and have substantially superior side effect profiles. However, these medications are considerably more expensive than

conventionals, with wholesale annual costs averaging \$5,000 - \$7,000, almost 20 times the \$300 average annual cost of treatment with haloperidol.

As part of an ongoing effort to monitor quality of mental health care in VA (5-8), this report serves three functions: 1) it examines the extent to which pharmacotherapeutic care for patients diagnosed with schizophrenia conforms to the schizophrenia PORT treatment guidelines, 2) it investigates the availability of atypical antipsychotics to patients in VA, and 3) it tracks changes over time in these aspects of pharmacotherapeutic care for schizophrenia. In addition, we compare the results found in VA with a sample of patients treated in the private sector. That study is included in appendix A to this report. Further, since previous research suggests that there is considerable off-label use of atypical antipsychotics in VA (9), this report also examines the use of pharmacotherapeutic care for patients diagnosed with dementia in mental health programs. Those analyses are presented in appendix B.

II. Methods

Sources of data

Data for the study come from national VA administrative databases. First, all VA outpatients diagnosed with schizophrenia during fiscal year (FY) 2001 (October 1, 2000 to September 30, 2001) were identified. Patients were identified as being diagnosed with schizophrenia if they had at least two outpatient encounters in a specialty mental health outpatient clinic with a primary or secondary diagnosis of schizophrenia (ICD-9 codes 295.00 – 295.99). The outpatient encounter file, a national database of information concerning all outpatient clinic stops in VA, was used to identify these patients. Next, all

prescription drug records for these patients during FY2001 were collected from the Drug Benefit Management System in Hines, Illinois.

Measures

First, patients who received a prescription for an antipsychotic medication were identified. For each of these patients, the last prescription for an antipsychotic medication in FY2001 was identified as the index prescription. All prescriptions for antipsychotic medications written during the week prior to the index prescription were then identified. Next, chlorpromazine (CPZ) equivalents were calculated for each prescription for a conventional antipsychotic medication based on the updated PORT dosing algorithms (A. Lehmann, personal communication). CPZ equivalents were summed over all conventional antipsychotic prescriptions during the week to assess guideline adherence. If the total daily CPZ equivalent for all conventional antipsychotics prescribed during the week was greater than the PORT recommendation (1000 mg), the patient was identified as being dosed too high.¹ For the atypical antipsychotics, the total daily dosage for each medication prescribed during the week was calculated. If the total dosage of any atypical was greater than the PORT recommendation, the patient was identified as being dosed too high. In addition, a patient was also identified as being dosed too high if they were prescribed the maximum PORT recommended dose of one atypical *and* were also prescribed any amount of a second atypical.

¹ The maximum PORT recommended dose for atypical antipsychotic medications are as follows: clozapine 600 mg/day, olanzapine 20 mg/day, quetiapine 450 mg/day and risperidone 6 mg/day.

Although prescribing multiple antipsychotic medications is not addressed in the PORT guidelines, polypharmacy generally is not recommended for schizophrenia patients because additional medications may exacerbate side effects while doing little to alleviate symptoms (10, 11). Patients who were prescribed more than one antipsychotic medication during the week were identified as receiving polypharmacy. In addition, the subgroup of patients whose polypharmacy consisted of receiving both an atypical and a conventional antipsychotic medication was examined.

Analysis

Data analysis proceeded in several steps. First, the proportion of patients with the following characteristics were determined: 1) those who receive any antipsychotic medication, 2) those who received multiple antipsychotic medications, 3) those who were dosed above the PORT recommendation with any medication, 4) those who were dosed above the PORT recommendation with a conventional antipsychotic, 5) those who were dosed above the PORT recommendation with an atypical antipsychotic, 6) those who received any atypical antipsychotic, and 7) through 11) those who received the specific atypical antipsychotic medications clozapine, olanzapine, quetiapine, risperidone or ziprazidone among patients receiving any atypical. Means of these measures were calculated by station and by VISN, as well as the percent change from their FY 2000 levels.

III. Results

Table 1 shows characteristics of the sample. Of the 78,199 patients diagnosed with schizophrenia during FY 2001 (a decrease of 24% from FY 2000), 70,068 had a

prescription for an antipsychotic medication. Of these patients, a fairly small proportion was treated with multiple antipsychotic medications (9.0%). A higher proportion (13.3%) was prescribed a dose that was higher than the PORT recommendation, with most of these patients being dosed higher than the guidelines on an atypical antipsychotic medication. These results are similar to what was found in a sample of privately insured individuals. A copy of that study is included in appendix A. The majority (71.8%) of patients received an atypical antipsychotic, up from 58.8% in FY 1999 and 64.4% in FY 2000. Among these patients, most received either olanzapine (45.4%) or risperidone (39.2%), with much smaller proportions receiving quetiapine (13.3%), clozapine (3.8%) or ziprasidone (1.5%).

The proportion of patients prescribed any antipsychotic increased 8.7% from FY 2000 to FY 2001. The proportion prescribed multiple antipsychotic drugs or dose above PORT guidelines also increased by 1.0% and 1.4%, respectively. A smaller proportion of patients was dosed below PORT recommendations or was prescribed a conventional antipsychotic (-4.4% and -7.0%, respectively). The proportion prescribed an atypical increased 7.4% over the period, primarily due to the increase in the use of quetiapine.

Tables 2 and 3 report pharmacy measures at the level of the VISN and the facility, respectively. The coefficient of variation at the bottom of each table indicates the amount of variation among VISNs and facilities. At both the VISN level and the facility level, variation was relatively high for the percentage of patients prescribed multiple antipsychotic medications and the percentage of patients dosed above PORT

recommendations. Variation was small for the percentage of patients prescribed any antipsychotic medication and the percentage of patients prescribed any atypical.

IV. Discussion

This study profiled pharmacologic treatment of patients with schizophrenia in VA. The proportion of patients who received any antipsychotic medication, who were treated with more than one antipsychotic medication, who were dosed above the schizophrenia PORT recommended dosage, and who were prescribed an atypical antipsychotic medication were determined. A smaller proportion of patients (9.4%) received no prescriptions for an antipsychotic medication during the year than in FY 2000 (19.1%). Only a small proportion (9.0%) of patients were prescribed multiple antipsychotic treatment regimens, while a higher percentage (13.3%) were dosed above PORT guidelines. The majority of patients (71.8%) were prescribed an atypical antipsychotic, most often olanzapine or risperidone.

In previous work, we performed logistic regressions to explore the effects of patient and facility characteristics on the likelihood that patients with a diagnosis of schizophrenia who are prescribed an antipsychotic received an atypical medication, were dosed outside of the PORT recommended range or were prescribed polypharmacy (12-14). We found that older patients, Blacks and patients with a service connected disability were generally less likely to be prescribed an atypical, while patients with a comorbid mental health diagnosis were more likely to receive these medications. Older patients and those with a comorbid mental health diagnosis were less likely to be dosed above PORT guidelines, and older patients and Blacks were less likely to be prescribed multiple

antipsychotic medications. The facility characteristics that we included in our models, which included measures of academic emphasis, reliance on inpatient care and fiscal stress, were generally not significant predictors of our quality measures.

A limitation of the analyses presented in this report relates to the difficulty in measuring prescribing patterns using administrative prescription data. Prescriptions may last for varying lengths of time. Patients with multiple prescriptions may run out of their medications and need to see their doctor to refill their prescriptions at different times. We collect all prescription drug records during a one-week period, but a longer time frame may be necessary to identify all of the drugs a particular patient is taking. Hence, our measures of polypharmacy or whether a patient is dosed above PORT guidelines may be underestimated.

Pharmacotherapy is a cornerstone of treatment for schizophrenia. Although the proportion of patients with schizophrenia who had no prescriptions for an antipsychotic medication fell in FY 2001, the fact that over 9% of patients with schizophrenia had no prescriptions for these medications deserves further investigation. In addition, while the proportions of patients diagnosed with schizophrenia who are prescribed multiple antipsychotic medications or who are prescribed a dose that exceeds PORT guidelines are fairly small, these phenomena are still a concern. These medications are studied extensively before they are approved for use, but trials typically do not include combinations with other antipsychotics or abnormally high doses. Hence, the effects of these treatment regimens are unknown. More research is currently underway to investigate why physicians are prescribing in this manner.

Appendix A

Benchmarking the Quality of Schizophrenia Pharmacotherapy: A Comparison of the Department of Veterans Affairs and the Private Sector

Acknowledgments: This work was partially supported by the Department of Veterans Affairs New England Mental Illness Research, Education and Clinical Center; and through a contract with AstraZeneca Corporation.

Abstract (247 words)

Objectives: Comparing quality of care between large health care systems is important for health systems management. This study uses measures of the quality of pharmacotherapy for patients with schizophrenia and compares these measures across a sample of patients from the Department of Veterans Affairs and the private sector.

Methods: A random sample of all patients diagnosed with schizophrenia in the VA during fiscal year (FY) 1999 was identified using administrative data. In the private sector, a sample of patients diagnosed with schizophrenia in 1999 was identified using MEDSTAT's MarketScan® database. For both groups, use of antipsychotic medications was studied and measures of the quality of pharmacotherapy were constructed, including whether patients were prescribed any antipsychotic medication, one of the newer atypical antipsychotics, and whether dosing adhered to established treatment guidelines. These measures were compared across the two groups using logistic regression models, controlling for age, gender, and comorbid diagnoses.

Results: Most patients with a diagnosis of schizophrenia (82% in the VA and 73% in the private sector) received an antipsychotic medication, usually one of the newer atypical drugs. Patients in the VA were more likely to be dosed above treatment guidelines, and less likely to be dosed below treatment guidelines. Overall, differences in the proportion schizophrenia patients dosed according to guidelines were not statistically different across the two systems (60% in the VA, 58% in the private sector).

Conclusions: Differences between the two systems were mixed, with the VA outperforming the private with respect to some measures and doing worse on others.

Introduction

As pressure mounts to reduce the costs of health care, there is an increasing emphasis on measuring and preserving the quality of care delivered. For patients with schizophrenia, the most debilitating of mental illnesses, pharmacotherapy has long been a cornerstone of effective treatment. The schizophrenia Patient Outcomes Research Team (PORT) has developed a set of widely respected guidelines for the appropriate treatment of patients with schizophrenia, which include, among other things, dosing guidelines for antipsychotic medications. However, few studies have used these guidelines as basis for evaluating the quality of care delivered within a health care system (5, 12-15). Although the Health Plan Employer and Information Set (HEDIS) has become the standard tool for comparing the quality of health plans, it contains very few measures of the quality of mental health services, and does not address the quality of pharmacotherapy (16-18).

An important component of quality evaluation and management is to be able to compare quality measures across health care systems. It is difficult to determine whether a particular measure is “too low” or “too high” unless it can be placed in the context of how other systems perform on the measure. Although comparing quality across health care systems can be difficult because the populations served can be very different (6), this may be less of a problem in comparing pharmacotherapy quality measures. If one system treats more severely ill patients, one might expect readmission rates or lengths of stay to be higher in that system than in other systems, but one might not necessarily expect rates of adherence to dosing guidelines to be different.

This paper benchmarks the quality of schizophrenia pharmacotherapy in the Department of Veterans Affairs (VA). The goals of this study are to build on measures of the quality of pharmacotherapeutic care for schizophrenia that were developed elsewhere (1, 12-14, 19) and to use these measures to compare the quality of care in the Department of Veterans Affairs and a sample of privately insured individuals for 2000. Specifically, the goals of the paper are as follows: 1) to determine the extent to which the treatment of patients diagnosed with schizophrenia adheres to PORT guidelines, 2) to determine the extent to which patients diagnosed with schizophrenia are prescribed multiple antipsychotic medications (polypharmacy), 3) to determine the extent to which patients diagnosed with schizophrenia receive one of the newer atypical antipsychotic medications, and 4) to investigate whether there are significant differences between the two systems on these measures. Although polypharmacy is not addressed in the PORT guidelines, it is generally discouraged among patients with schizophrenia since multiple antipsychotic medications are likely to only exacerbate side effects without further alleviating symptoms (10, 11, 20, 21).

Methods

Sources of data

VA data for this study come from national VA administrative databases. We first identified all VA outpatients diagnosed with schizophrenia during fiscal year (FY) 2000 (October 1, 1999 to September 30, 2000) using the outpatient encounter file, a national database concerning all outpatient clinic stops in the VA. Patients were identified as being diagnosed with schizophrenia if they had at least two outpatient encounters in a

specialty mental health outpatient clinic with a primary or secondary diagnosis of schizophrenia (ICD-9 codes 295.00 – 295.99) during the year. Next, all outpatient prescription drug records for these patients during FY 2000 were collected from the Drug Benefit Management System in Hines, Illinois. Because nurses dispense depot medications on site in their clinics without specific prescriptions, we do not have patient-level information for depot drugs. Hence, only prescriptions for oral medications are included in the dataset. Because patients could receive medications outside of the VA system, our final sample includes only patients who received at least one prescription (psychotropic or otherwise) from a VA pharmacy. Finally, data on patient age and gender were collected from the outpatient care file, which contains information about each day of outpatient care in VA.

Data pertaining to the private sector come from MEDSTAT's MarketScan[®] database, which contains claims information for a national sample of over 2.6 million covered lives in 2000. The claims data cover employees and retirees of approximately 45 large corporations, and their dependents. These claims data are collected from over 100 different insurance plans, including Blue Cross and Blue Shield plans and third party administrators. The private sector sample is constructed in the same manner as the VA sample: patients with 2 or more outpatient visits with a diagnosis of schizophrenia were identified. The sample was limited to patients with corresponding prescription pharmacy information.

Because the number of patients in the VA sample (N=103,027) was so much larger than the number of patients in the private sector sample (N=1,318), a random

sample of the VA cohort was taken so that there was a two-to-one VA-to-private sector ratio. This was done so that the statistical tests of the differences between the two systems would be more meaningful.

Measures

For each patient, the last prescription for an antipsychotic medication during the year was identified as the index prescription. All prescriptions for antipsychotic medications filled (both new prescriptions and refills) during the week prior to the index prescription were then identified. Because it is possible for prescriptions for concurrent medications to be filled on different days, we examine prescriptions over a one-week window in order to identify all medications that a patient is taking.

There are two broad classes of antipsychotic medications: conventional and atypical. Atypical antipsychotics are at least as effective as the conventional medications and have substantially fewer side effects. Because they work in different ways, we use different methods to determine whether dosages comply with PORT dosing recommendations. For the conventional antipsychotics, we calculated chlorpromazine (CPZ) equivalents for each prescription based on the updated PORT dosing algorithms (A. Lehmann, personal communication). CPZ equivalents were summed over all conventional antipsychotic prescriptions during the week to assess adherence to treatment recommendations. The PORT dosing recommendations have two ranges: one for maintenance therapy and one for acute therapy. To be conservative, we use the range for acute therapy because it is wider. If the total daily CPZ equivalent for all conventional antipsychotics prescribed during the week was outside of the PORT recommended range

(300 mg to 1,000 mg), the patient was identified as being dosed too low or too high. For the atypical antipsychotics, the total daily dosage for each medication prescribed during the week was calculated. If the total dosage of any atypical was outside of the PORT recommended range, the patient was identified as being dosed too low or too high. The PORT recommended dose for atypical antipsychotic medications are as follows: clozapine 150-600 mg/day, olanzapine 5-20 mg/day, quetiapine 150-750 mg/day and risperidone 2-6 mg/day. In addition, a patient was also identified as being dosed too high if they were prescribed the maximum PORT recommended dose of one atypical *and* were also prescribed any amount of a second atypical.

Patients who were prescribed more than one antipsychotic medication during the week were identified as receiving polypharmacy. In addition, the subgroup of patients whose polypharmacy consisted of receiving both an atypical and a conventional antipsychotic medication was identified.

Analysis

Data analysis proceeded in several steps. First, the proportion of patients with the following characteristics were determined: 1) those who received any antipsychotic medications, 2) those whose dosage was in compliance with PORT recommendations, 3) those who were dosed above the PORT recommended dose, 4) those who were dosed below the PORT guidelines, 5) those who received multiple antipsychotic medications, 6) those who received any atypical antipsychotic medication, and 7) – 10) those who received each of the atypical medications (clozapine, olanzapine, quetiapine and risperidone) that were available during 2000. Chi-square tests were performed to

determine whether differences in these measures between the VA and the private sector were statistically significant.

Next, we used logistic regression analysis to determine the effects of service system and patient characteristics on the quality measures described above. Each regression model included patient age, gender, and whether the patient was treated in the VA. Dichotomous variables were also included describing whether the patient had another primary or secondary diagnosis of mental illness in addition to a diagnosis of schizophrenia during 2000. Patients with other comorbid mental health diagnoses may be more severely ill and difficult to treat, which could affect choice of pharmacotherapy. Diagnoses were based on ICD-9 diagnostic codes and included the following: psychosis other than schizophrenia, dementia or Alzheimer's disease, major depression, bipolar disorder, PTSD, substance abuse, anxiety disorder, adjustment reaction, personality disorder, dysthymia, and other mental health disorders. ICD-9 diagnostic codes corresponding to these disorders are reported in the appendix.

Results

Table A1 shows some characteristics of the study sample. The VA sample was overwhelmingly male (94.8%), which is characteristic of the VA population. The private sector was more evenly divided across gender (55.0% female). The VA sample was also significantly older than the private sector patients (52.9 years versus 45.0 years). Rates of comorbidity generally were not statistically significant, with the exception of dementia (6.7% in the VA versus 4.2% in the private sector, $p=0.0016$), PTSD (13.8% versus

1.6%, $p<0.0001$), substance abuse (23.7% versus 5.1%, $p<0.0001$), and personality disorder (7.4% versus 3.0%, $p<0.0001$).

The lower portion of Table A1 shows the schizophrenia pharmacotherapy quality measures for the two systems. More patients in the VA received an antipsychotic medication compared to the private sector (82.3% versus 72.6%, $p<0.0001$). Although it was more common for patients to get an atypical drug than a conventional medication in both systems (65.4% got atypicals in the VA and 74.1% got atypicals in the private sector), patients in the private sector were significantly more likely to receive one of the newer class of medications ($p<0.0001$), especially clozapine and quetiapine. While there were no statistically significant differences in the proportion of patients whose dose adhered to PORT recommendations, VA patients were significantly more likely to be dosed above PORT guidelines (13.0% versus 9.7%, $p=0.01$) and significantly less likely to be dosed below the PORT recommended range (27.8% versus 33.4%, $p=0.001$). In both systems, compliance with PORT dosing recommendations was better for patients prescribed an atypical medication than for patients receiving conventional drugs. Finally, rates of polypharmacy were low in both systems and were not significantly different (7.7% in the VA and 6.5% in the private sector, $p=0.25$). The majority of polypharmacy in both systems consisted of a conventional and an atypical medication.

Table A2 shows the logistic regression results for the measures. The results for each model are presented with estimated coefficients, p -values, and odds ratios for each independent variable. For the first model, which predicts whether patients receive any antipsychotic medication, the sample included all patients in the study group. For the

other models, the sample was limited to those patients who received an antipsychotic medication.

Even after controlling for other patient characteristics, VA patients were still more likely to receive an antipsychotic medication, yet less likely to receive an atypical drug. In addition, VA patients were significantly more likely to be dosed above PORT dosing guidelines ($p=0.006$) and significantly less likely to be dosed below PORT guidelines ($p=0.0006$) than private sector patients. The effect of service system on the likelihood of polypharmacy was not statistically significant.

The effect of age was statistically significant across all of the models, with older patients being less likely to receive an antipsychotic ($p=0.0004$), less likely to receive an atypical ($p<0.0001$), less likely to be dosed above PORT guidelines ($p<0.0001$), more likely to be dosed below PORT guidelines ($p<0.0001$), and less likely to receive polypharmacy ($p=0.004$). The effect of patient gender was not statistically significant in any of the models. The presence of comorbid conditions was not statistically significant in the models predicting deviation from PORT dosing recommendations, and there were few consistent patterns across the other models with respect to comorbid conditions. Patients with other psychoses were more likely to be prescribed an antipsychotic (OR=1.82, $p<0.0001$), more likely to receive an atypical (OR=1.63, $p=0.0003$), and more likely to be prescribed polypharmacy (OR=1.49, $p=0.04$). Patients with major depression were less likely to be prescribed an antipsychotic (OR=0.63, $p<0.0001$), but more likely to receive an atypical (OR=1.46, $p=0.002$).

To explore differences in the likelihood of patients to receive atypical medications further, we ran separate logistic regression models for each of the atypical antipsychotic agents. The results are reported in Table A3. VA patients were significantly less likely to receive clozapine and quetiapine than patients in the private sector (OR=0.32 and OR=0.52, respectively), although the number of patients receiving these medications was small in both service systems.

It is notable that while clozapine, olanzapine and quetiapine were less likely to be used for older patients, there was no age effect for risperidone. In addition, quetiapine was more likely to be used in patients with three specific comorbidities: dementia/Alzheimer's disease, bipolar disorder and PTSD; while risperidone was more likely to be used in other psychoses and anxiety disorders. The presence of comorbid conditions did not affect the likelihood that a patient would receive clozapine or olanzapine.

Discussion

This study compared the quality of pharmacotherapy for schizophrenia in the Department of Veterans Affairs and a sample of privately insured individuals. We found that VA patients were more likely to receive an antipsychotic medication and were equally likely to be dosed according to PORT recommendations. When patients were dosed outside of PORT guidelines, VA patients were more likely to be dosed above the recommended level and less likely to be dosed below the guidelines. Other patient characteristics that significantly affected some of the quality measures included age, and

having a comorbid diagnosis of other psychosis, dementia/Alzheimer's disease, major depression, bipolar disorder, adjustment reaction and dysthymia.

While Lehman and colleagues (1) compared the quality of schizophrenia pharmacotherapy to established treatment recommendations, they recognized that actual practice may differ from treatment guidelines under special clinical circumstances. Hence, an important component of quality evaluation is to be able to benchmark quality measures across systems of care. This is the first study that we are aware of to assess the quality of pharmacotherapy in this way.

The results presented are consistent with findings from earlier studies. Rates of adherence to schizophrenia PORT dosing recommendations in the VA sample are similar to those from other studies (1, 14, 15, 22). Very few studies have examined measures similar to those presented here among privately insured patients with schizophrenia. While some have looked at rates of use of atypicals and polypharmacy (23) and others have looked at dosing above the PORT guidelines (24), there are no studies looking at a broad range of quality measures as presented here. There are also very few studies comparing quality measures across health care delivery systems. A previous study by Leslie and Rosenheck (6) found that differences between VA and the private sector in quality of inpatient and outpatient care for patients with mental illness were modest, and were likely due to the fact that VA patients are generally more severely ill than patients in the private sector. Our results are somewhat different from this earlier study in that there were no differences in overall quality. Pharmacotherapy appears to be less affected by

differences in patient characteristics across service systems than measures of quality based on patterns of service use.

Given that antipsychotics are the cornerstone of effective treatment for schizophrenia (25), it was unexpected that the proportions of patients with a diagnosis of schizophrenia who receive no antipsychotic medication were so high. Some of these patients may be receiving depot medications, which are not included in our databases, and others may be filling prescriptions outside of the VA or their health plan. Further studies are needed to determine how these patients are treated.

Older patients were significantly less likely to receive an antipsychotic, and when they did, were less likely to receive an atypical drug. One reason for the reduced likelihood of receiving an antipsychotic may be that the side effects of these drugs may be more severe with advancing age. A potential explanation for the decreased likelihood of older patients to receive atypicals may be that older patients may be stable on conventional antipsychotics and either they or their clinicians are reluctant to switch.

Given that clozapine is indicated primarily for patients who are more severely ill and refractory to other medications, it was also unexpected that VA patients were significantly less likely to be prescribed clozapine. Because VA patients are poor, unemployed and often homeless (26), one might assume that they are more severely ill than patients treated in the private sector and hence more likely to be prescribed clozapine. However, treatment with clozapine requires weekly blood monitoring for agranulocytosis, a potential fatal blood disorder. Since VA patients are more socially isolated and disabled than private sector patients, clinicians may be less likely to

prescribe clozapine in the VA due to concerns that patients would not comply with blood monitoring requirements.

The effect of comorbid psychiatric conditions was generally associated with an increased likelihood of the use of atypicals, especially risperidone and quetiapine. A potential explanation for this result may be that these patients receive these drugs because they are more severely ill and there is some evidence of the superiority of these medications (27). Since quetiapine was the newest of the atypical drugs at the time of this study, many patients who had not responded to a previously released medication were likely to receive a trial of quetiapine.

Limitations

One limitation of the analyses presented in this study relates to the difficulty in measuring pharmacologic practice patterns using administrative prescription data (5, 14). We collect all prescription drug records during a one-week period, and as a result, our measures of whether a patient is dosed above PORT recommendations or receives polypharmacy may be underestimated and the fraction of patients dosed below PORT recommendations may be overestimated. A longer time frame would allow identification of more prescriptions, but might unintentionally include prescriptions that had been discontinued. As physicians try different medications and dosages to find the optimal regime for a particular patient, they may advise the patient to stop taking a previously prescribed medication and start taking a different drug or dosage. Because such instructions are not included in pharmacy claims data, we could not take them into consideration in constructing our measures. Increasing the time period over which we

examine prescriptions from one week to four resulted in only a 4% increase in the proportion of patients who receive polypharmacy. Hence, we believe that any bias in our results due to the one-week window is small.

It is also difficult to determine patient diagnoses using administrative data. We identify patients as being diagnosed with schizophrenia if they had at least two claims with a primary or secondary diagnosis of schizophrenia. It is possible that patients could be diagnosed with schizophrenia initially and then have their diagnosis changed to another psychiatric diagnosis later. Because we do not have access to more detailed clinical data for these patients, we cannot assess the reliability of using administrative data to determine patient diagnoses.

A final limitation of the study is that we do not have information on depot medications. However, a previous study of antipsychotic use in the VA found that only 11.8% of outpatients received depot medications (15), and we suspect a similar proportion are given depot medications in the private sector. Although this could affect our measure of the proportion of patients who were dosed below PORT recommendations, we feel that not being able include depot medications in the analyses does not significantly affect the overall results since data from both systems would be biased in the same way.

We should also note that while we use guidelines developed by the schizophrenia PORT, there are other guidelines for antipsychotic dosing. In addition, we base our quality measures on adherence to treatment guidelines and do not include measures of patient outcomes.

Despite these limitations, this study presents rare comparison of the quality of pharmacologic care for schizophrenia, the most debilitating of mental illnesses, across public and private service systems. Despite treating a more socially disadvantaged population, the VA performs about the same as the private sector on the measures examined here. Our finding that only 70 to 80 percent of patients with schizophrenia are documented as receiving an antipsychotic is potentially a cause for concern. Further research is needed to determine what factors affect choice of pharmacotherapy and their implications for patient satisfaction and well-being.

Appendix B

The analyses of the use of pharmacotherapy for patients with dementia paralleled those for patients with schizophrenia. Patients were identified as having a diagnosis of dementia if they had an encounter with a primary or secondary diagnosis of dementia (ICD-9 codes 290.00-290.99, 293.00-294.99, 331.00 or 310.00-310.99) during FY 2001, were treated in a mental health clinic, and were not included in the schizophrenia sample. For these patients, the proportion prescribed either an antipsychotic medication or a cholinesterase inhibitor were identified. The methods were identical to those described above for patients with schizophrenia. Because dosing guidelines do not exist for antipsychotic medications for the treatment of dementia and the cholinesterase inhibitors are titrated over a wide range of doses, we do not assess whether the use of these drugs to treat dementia adheres to practice guidelines.

For the patients with dementia, the proportion of patients with the following characteristics were determined: 1) those who receive any antipsychotic or cholinesterase inhibitor, 2) those prescribed any cholinesterase inhibitor, 3) through 6) those prescribed each of the cholinesterase inhibitor agents tacrine, donepezil, rivastigmine, or galantamine among those who receive a cholinesterase inhibitor, 7) those who receive any antipsychotic, 8) those who receive an conventional antipsychotic, 9) those who receive any atypical antipsychotic, 10) through 14) who whose who receive each of the atypical medications clozapine, olanzapine, quetiapine, risperidone or ziprasidone among patients receiving an atypical.

Table B1 shows characteristics of the sample. Of the 21,277 patients diagnosed with dementia and treated in mental health clinics, 14,071 (66.1%) received either an antipsychotic medication or a cholinesterase inhibitor. About the same number of patients received a cholinesterase inhibitor (40.6%) as received an antipsychotic (41.9%). Of the patients who were prescribed a cholinesterase inhibitor, the overwhelming majority (8,046 or 93.1%) received donepezil. For patients who were prescribed an antipsychotic (N=8,910), most (7,713 or 86.6%) received an atypical drug, usually risperidone (4,155 or 46.6%) or olanzapine (2,422 or 27.2%).

Tables B2 and B3 report the results by VISN and station, respectively. Variation across VISNs and facilities was similar to that associated with the schizophrenia measures.

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Table 1. Sample characteristics

Variable	FY 2001		Change from FY 2000 *
	N	%	
All Patients	78,199		-24.1%
Prescribed any antipsychotic	70,068	89.6%	8.7%
Polypharmacy	6,315	9.0%	1.0%
Receiving both atypical and conventional	4,554	6.5%	0.4%
Dose higher than PORT guidelines	9,311	13.3%	1.4%
Conventional antipsychotics	1,902	2.7%	-1.1%
Atypical antipsychotics	7,524	10.7%	2.5%
Dose lower than PORT guidelines	17,090	24.4%	-4.4%
Conventional antipsychotics	12,409	17.7%	-4.2%
Atypical antipsychotics	4,877	7.0%	-0.3%
Received any conventional antipsychotic	24,280	34.7%	-7.0%
Received any atypical antipsychotic	50,342	71.8%	7.4%
Clozapine	1,913	3.8%	0.4%
Olanzapine	22,866	45.4%	-3.2%
Quetiapine	6,712	13.3%	5.3%
Risperidone	19,759	39.2%	-2.5%
Ziprasidone	731	1.5%	

* Calculated as the difference in percentages between FY 2001 and FY 2000.

Table 2a. VISN-level pharmacy measures -- Fiscal Year 2001

VISN	N	Percent prescribed any antipsychotic		Percent with polypharmacy in past week		Percent dosed higher than PORT guidelines		Percent dosed high on conventionals		Percent dosed high on atypicals		Percent dosed lower than PORT guidelines		Percent dosed low on conventionals		Percent dosed low on atypicals	
		Change from		Change from		Change from		Change from		Change from		Change from		Change from		Change from	
		FY 2001	FY 2000	FY 2001	FY 2000	FY 2001	FY 2000	FY 2001	FY 2000	FY 2001	FY 2000	FY 2001	FY 2000	FY 2001	FY 2000	FY 2001	FY 2000
1	4,035	88.9%	10.9%	12.2%	1.8%	15.8%	3.1%	6.8%	0.5%	18.7%	3.3%	25.4%	-5.4%	52.3%	-3.8%	11.0%	-2.7%
2	2,237	89.5%	13.0%	10.5%	2.1%	14.9%	2.8%	7.9%	0.0%	17.5%	3.8%	29.8%	-2.9%	54.8%	-0.4%	13.8%	-0.5%
3	4,783	91.0%	8.7%	10.5%	2.1%	14.2%	1.6%	8.9%	-1.6%	16.1%	2.9%	26.0%	-3.3%	49.2%	0.6%	9.5%	-1.4%
4	5,137	89.6%	10.5%	11.2%	2.1%	11.7%	1.6%	6.6%	-1.1%	13.4%	2.4%	28.7%	-5.0%	50.9%	-3.1%	11.7%	-2.5%
5	2,347	88.6%	10.6%	9.5%	0.8%	12.3%	-0.5%	10.9%	-2.0%	11.9%	0.2%	20.5%	-5.0%	44.1%	-1.5%	9.9%	-3.3%
6	3,157	91.3%	8.6%	6.1%	0.9%	11.8%	0.3%	8.6%	-1.3%	12.9%	0.9%	25.1%	-5.0%	49.2%	-2.1%	9.0%	-2.3%
7	5,037	88.4%	12.1%	8.0%	0.7%	11.1%	0.9%	8.8%	0.1%	11.4%	1.1%	23.1%	-5.1%	52.4%	-0.8%	9.0%	-2.8%
8	7,397	86.6%	8.2%	5.9%	0.6%	8.9%	0.1%	6.6%	-2.6%	9.8%	1.6%	28.4%	-5.5%	55.1%	-1.5%	11.6%	0.2%
9	2,811	89.0%	7.0%	7.0%	0.9%	11.5%	0.3%	7.0%	-1.4%	13.3%	0.7%	25.8%	-5.0%	50.6%	-0.3%	9.6%	-2.6%
10	4,013	90.5%	7.8%	10.1%	0.2%	12.9%	0.8%	7.0%	-2.1%	15.2%	2.0%	27.9%	-4.1%	55.1%	-0.6%	10.1%	0.1%
11	3,930	91.6%	5.9%	8.4%	1.3%	15.4%	1.1%	11.7%	-2.2%	16.1%	2.5%	21.4%	-5.1%	43.0%	-1.9%	7.8%	-0.2%
12	3,137	87.7%	6.6%	8.4%	-0.3%	11.4%	1.5%	5.7%	-0.7%	13.1%	1.9%	24.5%	-4.2%	52.6%	-2.9%	11.0%	-1.1%
13	1,750	90.8%	8.5%	7.6%	-0.5%	13.7%	-0.1%	7.4%	-2.4%	15.8%	0.7%	24.0%	-4.3%	54.8%	-3.4%	8.6%	-1.5%
14	1,185	92.6%	6.0%	8.7%	0.5%	18.8%	-2.3%	8.8%	-4.5%	22.3%	-2.6%	23.8%	-1.7%	49.9%	2.3%	9.7%	1.4%
15	3,195	92.5%	5.9%	13.7%	1.5%	14.4%	2.1%	8.1%	-1.9%	15.9%	3.5%	24.9%	-3.1%	50.5%	2.0%	9.6%	-1.6%
16	6,214	91.3%	6.8%	8.7%	0.9%	14.5%	2.2%	8.5%	0.0%	15.9%	2.4%	19.0%	-3.5%	47.7%	-1.7%	7.4%	-1.2%
17	2,929	89.5%	8.8%	8.1%	0.5%	15.8%	3.4%	8.1%	-0.6%	17.4%	4.1%	19.0%	-5.7%	49.5%	-2.5%	7.6%	-2.6%
18	2,232	86.2%	6.9%	7.0%	0.7%	9.7%	1.4%	4.4%	-0.4%	11.2%	1.6%	25.7%	-6.0%	58.8%	-3.2%	11.0%	-1.7%
19	1,780	91.7%	12.9%	11.3%	1.5%	15.1%	3.6%	8.2%	0.2%	17.0%	4.6%	25.1%	-2.7%	50.8%	-0.5%	9.6%	-2.3%
20	2,852	90.5%	6.5%	7.9%	0.7%	15.2%	1.8%	7.6%	-0.4%	17.6%	2.1%	22.5%	-5.6%	52.3%	-5.0%	8.3%	-2.2%
21	3,539	89.2%	7.8%	9.5%	0.5%	15.0%	1.7%	7.7%	0.1%	16.8%	1.7%	22.4%	-3.6%	53.4%	1.2%	9.2%	-2.7%
22	4,502	88.6%	9.7%	9.1%	1.3%	15.6%	1.8%	7.5%	-1.7%	17.9%	2.2%	22.2%	-3.0%	49.3%	-1.1%	9.4%	-0.1%
Min		86.2%	5.9%	5.9%	-0.5%	8.9%	-2.3%	4.4%	-4.5%	9.8%	-2.6%	19.0%	-6.0%	43.0%	-5.0%	7.4%	-3.3%
Max		92.6%	13.0%	13.7%	2.1%	18.8%	3.6%	11.7%	0.5%	22.3%	4.6%	29.8%	-1.7%	58.8%	2.3%	13.8%	1.4%
Mean	3,555	89.8%	8.6%	9.1%	0.9%	13.6%	1.3%	7.8%	-1.2%	15.3%	2.0%	24.3%	-4.3%	51.2%	-1.4%	9.7%	-1.5%
Std. Dev.	1,518	1.7%	2.2%	2.0%	0.7%	2.4%	1.4%	1.6%	1.2%	2.9%	1.5%	2.9%	1.2%	3.6%	1.9%	1.5%	1.2%
Coeff. of Var.	0.43	0.02	0.26	0.22	0.76	0.17	1.05	0.20	-1.04	0.19	0.77	0.12	-0.27	0.07	-1.35	0.15	-0.81

Table 2b. VISN-level pharmacy measures -- Fiscal Year 2001 (continued)

VISN	N	Percent prescribed any conventional		Percent prescribed any atypical		Percent prescribed clozapine		Percent prescribed olanzapine		Percent prescribed quetiapine		Percent prescribed risperidone		Percent prescribed ziprasidone	
		FY 2001	Change from FY 2000	FY 2001	Change from FY 2000	FY 2001	Change from FY 2000	FY 2001	Change from FY 2000	FY 2001	Change from FY 2000	FY 2001	Change from FY 2000	FY 2001	Change from FY 2000
1	4,035	34.1%	-5.0%	73.2%	5.3%	5.7%	1.3%	30.3%	-1.9%	12.8%	3.9%	27.4%	2.5%	1.8%	NA
2	2,237	37.3%	-5.7%	69.7%	6.2%	3.1%	0.6%	25.5%	-1.3%	14.2%	9.6%	29.3%	-1.0%	0.6%	NA
3	4,783	40.5%	-7.2%	67.9%	8.5%	1.6%	0.5%	30.0%	3.4%	7.0%	4.4%	31.1%	1.0%	0.2%	NA
4	5,137	41.9%	-5.5%	67.2%	7.4%	1.8%	0.3%	29.7%	1.8%	11.3%	5.9%	25.6%	0.3%	0.7%	NA
5	2,347	30.4%	-5.8%	76.7%	6.0%	1.5%	0.0%	34.6%	-3.7%	9.6%	2.2%	30.5%	5.9%	2.7%	NA
6	3,157	38.9%	-7.6%	66.0%	8.4%	1.8%	0.6%	28.8%	1.9%	5.2%	2.9%	29.1%	1.9%	1.9%	NA
7	5,037	32.0%	-6.5%	73.8%	6.5%	2.2%	0.5%	35.3%	1.2%	9.1%	3.8%	26.8%	0.0%	2.3%	NA
8	7,397	37.6%	-11.2%	67.0%	11.6%	1.3%	0.4%	37.1%	2.1%	6.4%	4.2%	22.5%	4.5%	0.9%	NA
9	2,811	39.1%	-8.2%	66.2%	8.6%	2.3%	0.4%	28.2%	2.2%	6.9%	3.2%	28.7%	2.1%	1.8%	NA
10	4,013	38.8%	-8.2%	68.2%	7.9%	5.3%	0.4%	30.0%	0.3%	11.7%	5.0%	23.4%	3.1%	0.4%	NA
11	3,930	38.1%	-11.5%	68.9%	12.5%	3.0%	0.6%	31.8%	4.5%	7.0%	3.5%	28.1%	4.0%	0.4%	NA
12	3,137	31.5%	-5.8%	74.2%	5.0%	3.8%	0.6%	29.1%	0.2%	8.6%	3.9%	34.3%	0.2%	0.9%	NA
13	1,750	32.5%	-5.0%	73.1%	4.6%	4.8%	0.4%	37.3%	1.4%	8.3%	3.6%	23.9%	-1.0%	0.8%	NA
14	1,185	34.4%	-8.8%	72.4%	8.5%	3.6%	0.5%	33.1%	3.5%	7.1%	2.8%	29.0%	1.1%	1.4%	NA
15	3,195	36.5%	-6.2%	74.0%	6.5%	2.5%	0.9%	32.6%	1.6%	11.1%	5.2%	31.3%	0.7%	0.3%	NA
16	6,214	27.9%	-5.4%	77.8%	5.7%	1.9%	0.5%	34.4%	0.0%	10.5%	5.9%	32.8%	-0.7%	1.0%	NA
17	2,929	26.4%	-7.3%	78.9%	6.8%	3.8%	1.1%	35.7%	-0.5%	12.2%	4.4%	28.9%	2.3%	1.0%	NA
18	2,232	30.4%	-7.3%	74.5%	7.1%	1.4%	0.7%	35.8%	5.5%	7.8%	3.8%	30.3%	-2.4%	1.1%	NA
19	1,780	36.4%	-2.3%	71.8%	2.8%	4.3%	1.2%	37.4%	0.2%	8.1%	2.1%	24.1%	-0.2%	0.4%	NA
20	2,852	31.7%	-5.7%	73.7%	5.5%	2.8%	0.4%	34.1%	1.0%	9.5%	3.3%	27.8%	0.5%	1.9%	NA
21	3,539	29.1%	-5.0%	77.0%	5.3%	3.2%	0.5%	42.4%	3.2%	10.4%	3.5%	22.7%	-1.3%	0.6%	NA
22	4,502	31.1%	-6.7%	74.9%	8.1%	2.4%	0.3%	25.7%	0.9%	14.5%	5.7%	34.3%	1.1%	0.8%	NA
Min		26.4%	-11.5%	66.0%	2.8%	1.3%	0.0%	25.5%	-3.7%	5.2%	2.1%	22.5%	-2.4%	0.2%	
Max		41.9%	-2.3%	78.9%	12.5%	5.7%	1.3%	42.4%	5.5%	14.5%	9.6%	34.3%	5.9%	2.7%	
Mean	3,555	34.4%	-6.7%	72.1%	7.0%	2.9%	0.6%	32.7%	1.3%	9.5%	4.2%	28.3%	1.1%	1.1%	
Std. Dev.	1,518	4.4%	2.1%	3.9%	2.2%	1.3%	0.3%	4.2%	2.1%	2.6%	1.6%	3.5%	2.0%	0.7%	
Coeff. of Var.	0.43	0.13	-0.31	0.05	0.31	0.44	0.53	0.13	1.68	0.27	0.38	0.12	1.83	0.64	

Table 3a. Station-level pharmacy measures -- Fiscal Year 2001

VISN	Station	Station name	N	Percent prescribed any antipsychotic		Percent with polypharmacy in past week		Percent dosed higher than PORT guidelines		Percent dosed high on conventionals		Percent dosed high on atypicals		Percent dosed lower than PORT guidelines		Percent dosed low on conventionals		Percent dosed low on atypicals	
				FY 2001	FY 2000	FY 2001	FY 2000	FY 2001	FY 2000	FY 2001	FY 2000	FY 2001	FY 2000	FY 2001	FY 2000	FY 2001	FY 2000	FY 2001	FY 2000
1	402	TOGUS	408	92.4%	6.8%	18.6%	4.6%	13.0%	2.6%	5.3%	-0.1%	14.9%	2.4%	30.8%	-4.7%	57.3%	2.2%	12.5%	-2.8%
1	405	WHITE RIVER JCT	131	91.6%	2.4%	6.7%	0.6%	11.7%	-2.1%	3.6%	-1.8%	16.9%	-2.5%	35.0%	2.2%	60.7%	3.6%	11.3%	2.3%
1	518	BEDFORD	507	92.9%	6.3%	12.1%	-0.9%	18.5%	-0.3%	9.5%	-3.7%	21.9%	1.3%	26.1%	-5.9%	48.8%	-2.5%	12.5%	-0.6%
1	523	BOSTON	1,237	85.4%	17.5%	16.5%	3.6%	15.6%	3.7%	6.9%	1.7%	18.1%	3.7%	27.2%	-6.1%	49.7%	-6.6%	14.0%	-4.6%
1	608	MANCHESTER	127	88.2%	8.5%	10.7%	4.5%	8.0%	-1.9%	0.0%	-4.8%	12.3%	-0.4%	34.8%	-1.8%	64.4%	-6.5%	13.7%	-1.0%
1	631	NORTHAMPTON	386	92.0%	7.4%	7.3%	0.4%	17.2%	4.7%	5.5%	0.9%	21.2%	5.6%	24.8%	-6.6%	55.5%	-5.2%	10.4%	-3.6%
1	650	PROVIDENCE	370	90.0%	6.2%	8.1%	-2.2%	20.4%	1.6%	6.2%	0.9%	23.3%	-0.5%	18.3%	-6.0%	54.3%	-1.3%	7.0%	0.1%
1	689	WEST HAVEN	869	87.9%	5.9%	8.4%	1.2%	15.1%	4.9%	8.5%	2.4%	17.2%	5.5%	20.4%	-5.6%	49.2%	-5.2%	7.0%	-2.2%
2	528	UPSTATE N.Y. HCS	2,237	89.5%	9.6%	10.5%	2.1%	14.9%	3.0%	7.9%	-0.1%	17.5%	3.9%	29.8%	-3.2%	54.8%	-0.3%	13.8%	0.6%
3	526	BRONX	488	91.8%	6.4%	6.9%	1.7%	12.1%	3.5%	3.8%	0.1%	15.2%	3.5%	25.7%	-5.9%	51.9%	-3.4%	10.8%	-0.9%
3	561	EAST ORANGE	1,269	91.5%	6.5%	7.7%	0.1%	13.5%	0.1%	8.4%	-1.8%	15.4%	0.8%	26.3%	-1.3%	52.9%	3.6%	8.3%	-0.8%
3	620	MONTROSE	764	95.3%	6.4%	17.6%	3.1%	20.1%	4.3%	15.6%	0.8%	20.9%	6.7%	21.3%	-3.6%	38.4%	1.1%	7.5%	-3.8%
3	630	N.Y. HARBOR HCS	1,576	89.5%	11.2%	10.9%	3.9%	11.6%	1.3%	6.5%	-2.0%	13.5%	2.6%	27.7%	-4.0%	52.1%	-1.1%	10.1%	-1.1%
3	632	NORTHPORT	686	88.3%	8.8%	9.1%	0.9%	16.3%	0.2%	10.2%	-4.2%	18.2%	2.2%	27.2%	-2.5%	47.2%	1.1%	12.0%	-0.2%
4	460	WILMINGTON	228	90.4%	5.4%	14.6%	1.5%	9.7%	0.3%	2.4%	-3.7%	13.0%	1.7%	25.7%	-8.1%	58.3%	2.2%	4.1%	-6.3%
4	503	JAMES E VAN ZAND	147	83.0%	6.3%	7.4%	-0.8%	7.4%	1.6%	3.1%	-2.2%	10.8%	5.2%	39.3%	-4.1%	61.5%	5.0%	12.3%	-6.2%
4	529	BUTLER	96	86.5%	16.1%	6.0%	-1.2%	6.0%	0.2%	0.0%	-3.3%	8.5%	1.3%	26.5%	-11.2%	66.7%	-3.3%	8.5%	-5.8%
4	540	CLARKSBURG	218	96.3%	4.6%	9.5%	0.1%	11.9%	7.2%	4.2%	2.5%	14.2%	7.4%	30.0%	-16.2%	64.8%	-7.0%	11.0%	-7.8%
4	542	COATESVILLE	547	93.8%	9.5%	11.5%	3.6%	15.0%	4.7%	11.4%	1.7%	14.8%	4.7%	22.6%	-8.8%	43.1%	-12.8%	11.8%	-0.7%
4	562	ERIE	200	88.5%	9.0%	14.1%	1.8%	5.6%	2.8%	2.5%	-0.7%	6.6%	4.7%	47.5%	-4.8%	75.0%	-3.5%	21.5%	-0.2%
4	595	LEBANON	605	87.6%	5.0%	16.0%	2.7%	14.2%	3.0%	8.0%	1.3%	15.2%	2.3%	29.1%	-4.0%	50.0%	-2.3%	10.1%	-2.0%
4	642	PHILADELPHIA	1,329	88.1%	17.9%	8.6%	1.5%	12.2%	1.4%	8.1%	-0.8%	13.8%	2.4%	25.0%	-5.0%	45.1%	-4.3%	9.7%	-3.4%
4	646	PITTSBURGH-UNIV	1,227	90.4%	6.6%	12.4%	2.3%	11.0%	0.9%	4.8%	-1.8%	13.6%	1.9%	27.6%	-4.4%	48.1%	-3.4%	10.8%	-2.9%
4	693	WILKES BARRE	540	89.1%	5.9%	9.4%	1.8%	10.6%	-1.6%	8.0%	-3.7%	11.2%	-0.4%	37.6%	0.3%	55.8%	1.9%	21.4%	2.3%
5	512	BALTIMORE	1,046	91.7%	14.1%	10.6%	-0.5%	16.1%	1.5%	12.9%	-1.2%	16.0%	3.3%	22.3%	-4.1%	43.1%	1.5%	9.0%	-1.6%
5	613	MARTINSBURG	305	92.1%	6.9%	8.9%	2.9%	11.4%	0.0%	9.1%	1.8%	11.8%	-0.7%	21.7%	-3.1%	46.6%	-5.2%	9.4%	-1.8%
5	688	WASHINGTON	996	84.2%	8.0%	8.3%	1.4%	8.3%	-3.3%	7.6%	-5.2%	8.1%	-2.6%	18.1%	-6.9%	44.8%	-6.0%	11.0%	-5.0%
6	517	BECKLEY	142	94.4%	4.0%	7.5%	-0.2%	10.4%	-4.1%	11.5%	-4.6%	10.0%	-0.5%	33.6%	-6.9%	49.2%	-2.7%	18.8%	-4.1%
6	558	DURHAM	418	88.0%	12.3%	7.9%	3.5%	17.1%	-2.3%	14.6%	-5.0%	16.9%	-1.1%	25.8%	0.2%	48.4%	5.5%	8.4%	-0.6%
6	565	FAYETTEVILLE NC	355	94.1%	7.2%	5.7%	2.4%	7.5%	1.5%	1.7%	-2.1%	9.9%	2.7%	26.9%	-3.9%	66.4%	0.8%	5.6%	-2.8%
6	590	HAMPTON	502	91.0%	10.9%	5.0%	1.2%	12.0%	2.9%	7.4%	-1.8%	13.7%	5.0%	18.8%	-7.7%	44.2%	-7.0%	4.5%	-2.6%
6	637	ASHEVILLE-OTEE	170	86.5%	9.2%	4.1%	1.8%	4.1%	-1.6%	4.3%	0.7%	4.9%	-2.4%	25.2%	-4.8%	34.8%	-14.6%	16.0%	3.5%
6	652	RICHMOND	434	89.9%	8.0%	7.7%	0.2%	8.7%	2.6%	7.6%	1.8%	8.4%	2.8%	25.6%	-9.2%	47.9%	-6.5%	11.3%	-5.4%
6	658	SALEM	573	93.7%	8.1%	7.3%	0.6%	12.7%	-1.4%	11.3%	-0.7%	12.5%	-2.4%	24.8%	-5.4%	41.8%	-0.6%	8.4%	-4.5%
6	659	SALISBURY	563	91.3%	7.6%	3.9%	-1.1%	14.4%	0.8%	5.8%	-2.0%	17.5%	1.1%	26.7%	-3.1%	62.6%	3.1%	10.8%	-0.4%
7	508	ATLANTA	1,194	79.7%	23.3%	10.3%	0.2%	11.3%	2.9%	8.6%	1.9%	11.8%	3.5%	22.9%	-6.1%	45.7%	-2.6%	12.5%	-5.7%
7	509	AUGUSTA	670	86.9%	8.8%	5.7%	0.9%	16.7%	2.3%	7.7%	-0.6%	20.9%	2.9%	25.1%	-3.9%	55.3%	-1.4%	7.8%	0.5%
7	521	BIRMINGHAM	655	91.9%	4.3%	9.0%	-0.4%	12.0%	0.6%	5.9%	0.3%	12.9%	-0.4%	19.6%	-7.7%	55.6%	-4.9%	7.4%	-1.2%
7	534	CHARLESTON	475	89.1%	8.0%	13.2%	2.3%	9.7%	1.0%	9.5%	2.6%	8.9%	-0.1%	23.2%	-4.6%	50.0%	-5.1%	8.6%	-3.2%
7	544	COLUMBIA SC	482	94.2%	11.4%	12.8%	4.7%	9.9%	-2.4%	10.9%	-4.2%	8.0%	-1.2%	27.3%	1.3%	50.3%	7.4%	10.8%	-2.4%
7	557	DUBLIN	350	88.9%	11.9%	4.2%	-2.3%	6.4%	-2.1%	6.9%	-1.1%	6.0%	-2.1%	19.6%	-5.6%	62.5%	4.4%	6.5%	-2.7%
7	619	MONTGOMERY	783	92.8%	6.1%	3.0%	-0.2%	7.2%	0.3%	6.8%	1.6%	7.1%	-0.6%	23.4%	-8.8%	62.3%	-2.0%	8.0%	-2.2%
7	679	TUSCALOOSA	428	93.5%	5.8%	5.0%	-1.2%	14.8%	0.6%	13.1%	-0.9%	14.9%	2.0%	23.5%	-1.2%	44.9%	4.5%	6.2%	-3.2%
8	516	BAY PINES	802	91.0%	7.9%	5.9%	0.3%	12.9%	1.0%	6.0%	-3.5%	15.7%	2.7%	24.9%	-4.6%	54.4%	-0.2%	9.1%	0.4%
8	546	MIAMI	1,124	81.6%	6.1%	8.4%	1.3%	16.1%	-6.9%	11.5%	-12.8%	20.0%	0.4%	29.1%	-8.6%	50.0%	2.4%	6.3%	-3.8%
8	548	W PALM BEACH	373	92.0%	10.5%	9.0%	2.1%	20.1%	3.4%	14.0%	-3.1%	21.3%	6.0%	19.0%	-9.2%	40.4%	-10.3%	7.5%	-5.9%
8	573	N FL/S GA HCS	1,159	90.0%	6.2%	8.8%	1.0%	10.5%	2.0%	7.3%	0.3%	10.9%	2.3%	21.4%	-4.3%	52.5%	-2.4%	7.4%	-0.2%
8	672	SAN JUAN	2,536	84.6%	9.1%	2.1%	-0.8%	1.9%	-0.7%	2.4%	-0.5%	1.7%	-0.8%	32.3%	-4.9%	66.9%	0.6%	16.2%	2.7%
8	673	TAMPA	1,403	87.7%	7.9%	7.6%	0.8%	8.8%	0.8%	5.9%	0.3%	10.3%	0.2%	31.7%	-3.2%	50.3%	-2.1%	13.5%	1.4%
9	581	HUNTINGTON	240	84.6%	2.0%	4.4%	1.2%	8.9%	1.6%	1.0%	-3.4%	15.3%	3.5%	40.9%	-6.1%	69.4%	3.1%	13.5%	0.6%
9	596	LEXINGTON-LEESTO	296	89.9%	7.3%	6.8%	0.4%	13.2%	-2.3%	1.4%	-2.1%	16.4%	-3.7%	24.1%	-6.2%	59.7%	-4.3%	11.1%	-0.9%
9	603	LOUISVILLE	425	89.2%	7.6%	5.0%	-2.3%	7.7%	-0.6%	2.9%	-3.1%	9.0%	0.0%	25.9%	-5.8%	65.7%	4.2%	10.4%	0.6%
9	614	MEMPHIS	571	84.1%	9.4%	3.1%	1.0%	11.7%	0.5%	5.7%	-1.7%	15.6%	1.0%	19.8%	-6.3%	44.3%	-0.7%	3.1%	-3.1%
9	621	MOUNTAIN HOME	243	90.9%	7.5%	6.3%	1.4%	7.7%	1.6%	7.4%	-1.5%	7.2%	3.9%	33.9%	-8.0%	54.7%	-2.5%	17.4%	-9.3%

Table 3a. Station-level pharmacy measures -- Fiscal Year 2001

VISN	Station	Station name	N	Percent prescribed any antipsychotic		Percent with polypharmacy in past week		Percent dosed higher than PORT guidelines		Percent dosed high on conventionals		Percent dosed high on atypicals		Percent dosed lower than PORT guidelines		Percent dosed low on conventionals		Percent dosed low on atypicals	
				Change from FY 2001	Change from FY 2000	Change from FY 2001	Change from FY 2000	Change from FY 2001	Change from FY 2000	Change from FY 2001	Change from FY 2000	Change from FY 2001	Change from FY 2000	Change from FY 2001	Change from FY 2000	Change from FY 2001	Change from FY 2000	Change from FY 2001	Change from FY 2000
9	626	VA MID TENN HCS	1,036	92.1%	7.4%	10.6%	2.5%	13.8%	-2.8%	10.9%	-5.0%	14.1%	-2.0%	24.1%	-3.0%	42.8%	1.6%	9.4%	-2.5%
10	538	CHILLICOTHE	632	91.8%	5.7%	18.3%	9.7%	12.2%	0.3%	7.2%	-3.2%	14.5%	2.4%	34.3%	6.8%	51.1%	7.5%	11.3%	-1.6%
10	539	CINCINNATI	460	90.7%	4.5%	9.8%	-9.4%	17.5%	6.7%	7.0%	-0.1%	19.5%	7.0%	21.3%	-16.8%	60.0%	6.5%	9.1%	3.1%
10	541	CLEVELAND-WADE P	2,061	91.9%	9.1%	9.4%	0.3%	13.1%	1.8%	5.9%	-2.2%	16.1%	4.2%	28.4%	0.1%	56.7%	-0.1%	9.8%	-2.8%
10	552	DAYTON	476	85.1%	1.6%	4.7%	-4.3%	12.8%	0.5%	14.3%	6.1%	11.9%	-2.6%	25.9%	-6.7%	52.9%	-4.1%	11.5%	1.1%
10	757	COLUMBUS-IOC	384	87.0%	8.5%	6.9%	0.7%	7.8%	-10.1%	4.7%	-18.0%	8.7%	-4.3%	24.9%	0.0%	54.2%	6.6%	10.4%	3.1%
11	506	ANN ARBOR HCS	423	94.3%	14.5%	6.0%	-1.9%	24.8%	16.9%	11.5%	7.3%	28.3%	18.7%	18.0%	-15.4%	52.2%	-9.2%	4.2%	-7.8%
11	515	BATTLE CREEK	881	93.8%	4.5%	10.7%	7.6%	12.8%	-7.2%	10.1%	2.9%	13.2%	-12.8%	27.0%	3.3%	44.3%	-13.0%	9.6%	3.8%
11	550	ILLIANA HCS DANV	507	91.5%	5.1%	4.7%	-2.9%	15.5%	2.6%	7.3%	-5.4%	18.6%	7.0%	18.5%	-11.7%	45.7%	-0.8%	5.4%	-0.8%
11	553	DETROIT VAMC	889	90.4%	4.3%	7.8%	4.1%	14.7%	0.7%	14.7%	6.7%	13.6%	-3.6%	15.3%	-6.3%	29.7%	-17.6%	8.1%	3.3%
11	583	INDIANAPOLIS-10T	472	85.0%	-3.7%	10.5%	4.4%	14.2%	-0.9%	10.1%	-11.7%	14.4%	6.3%	21.2%	-1.5%	51.3%	15.8%	8.0%	-1.3%
11	610	NORTHERN INDIANA	519	93.4%	16.8%	9.5%	-1.5%	15.3%	1.2%	16.4%	6.4%	12.5%	-2.7%	25.4%	-0.4%	41.2%	-10.0%	9.0%	-0.6%
11	655	SAGINAW	239	92.5%	8.2%	8.1%	-0.6%	13.6%	-0.5%	6.1%	-8.3%	16.0%	4.1%	26.7%	-6.6%	54.9%	9.6%	10.3%	-2.1%
12	537	VA CHICAGO HCS	1,179	86.1%	-1.1%	4.0%	-7.0%	8.9%	-2.5%	5.1%	-1.4%	10.1%	-2.8%	24.5%	-3.1%	54.6%	4.2%	11.8%	4.0%
12	556	NORTH CHICAGO	243	76.1%	-2.3%	0.5%	-4.8%	13.5%	5.1%	11.3%	5.3%	14.5%	5.2%	22.7%	-7.7%	41.9%	-18.3%	12.9%	-1.1%
12	578	HINES	463	87.9%	11.7%	8.8%	4.4%	9.6%	-3.4%	2.0%	-10.3%	11.2%	-2.0%	23.1%	3.0%	52.0%	13.3%	12.5%	3.8%
12	585	IRON MOUNTAIN	138	92.8%	11.2%	22.7%	13.8%	16.4%	10.6%	11.1%	6.8%	16.8%	11.0%	25.0%	-1.6%	44.4%	-5.3%	14.9%	0.7%
12	607	MADISON	234	93.2%	11.5%	8.3%	-10.9%	17.9%	4.3%	6.5%	-0.9%	19.7%	2.6%	16.1%	-19.1%	47.8%	-13.3%	7.1%	-7.7%
12	676	TOMAH	288	89.2%	2.5%	12.1%	5.9%	21.4%	6.6%	5.1%	-0.6%	27.6%	10.7%	24.9%	6.1%	54.1%	6.9%	6.1%	-3.8%
12	695	MILWAUKEE	592	91.6%	2.8%	13.7%	1.9%	8.3%	-10.3%	5.4%	-4.2%	9.2%	-13.7%	29.3%	3.3%	55.2%	4.9%	10.6%	5.2%
13	437	FARGO	158	95.6%	13.7%	11.3%	-1.0%	12.6%	3.8%	2.7%	-1.9%	15.1%	4.7%	25.2%	-9.2%	73.0%	10.7%	8.7%	-2.7%
13	438	SIoux FALLS	216	89.4%	2.0%	8.3%	-0.7%	13.0%	0.5%	4.5%	4.5%	15.8%	0.4%	23.8%	-1.0%	49.3%	-24.4%	9.4%	2.5%
13	568	FORT MEADE	276	84.1%	2.9%	9.5%	-2.1%	12.1%	1.6%	8.7%	1.7%	13.1%	1.9%	26.3%	-5.8%	48.1%	-11.6%	7.6%	-5.2%
13	618	MINNEAPOLIS	788	92.0%	14.8%	6.6%	-5.3%	13.4%	2.6%	7.2%	-2.5%	15.5%	4.7%	23.9%	-12.3%	56.8%	2.6%	9.0%	-5.1%
13	656	ST CLOUD	312	92.3%	9.2%	5.9%	-0.9%	16.7%	2.3%	10.5%	-0.2%	18.6%	3.0%	21.9%	-6.6%	54.7%	-4.3%	7.9%	-3.1%
14	636	VA NEB-WESTERN I	1,185	92.6%	9.5%	8.7%	2.6%	18.8%	2.3%	8.8%	-3.6%	22.3%	4.7%	23.8%	1.2%	49.9%	-5.9%	9.7%	2.7%
15	452	VAMC WICHITA KS<	218	85.8%	5.8%	16.0%	12.5%	10.7%	0.0%	1.1%	-6.0%	15.4%	2.1%	41.7%	16.7%	75.9%	33.0%	10.6%	3.9%
15	543	COLUMBIA MO<0401	162	93.2%	11.1%	8.6%	5.2%	16.6%	-3.0%	5.4%	-3.4%	18.7%	-6.8%	18.5%	-2.1%	51.4%	7.2%	7.3%	1.9%
15	589	VAMC HEARTLAND-V	507	89.3%	32.2%	9.1%	-3.4%	16.1%	16.1%	14.4%	14.4%	15.9%	15.9%	23.2%	-26.8%	41.4%	-58.6%	11.5%	11.5%
15	609	MARION IL<0701	346	89.6%	2.2%	7.7%	-0.9%	5.8%	-15.8%	3.9%	-9.9%	6.2%	-19.0%	25.5%	-0.2%	50.5%	2.9%	12.9%	4.2%
15	647	POPLAR BLUFF<401	138	97.1%	23.5%	6.7%	0.0%	14.9%	6.5%	0.0%	-6.3%	19.6%	7.8%	24.6%	-20.9%	63.9%	-5.6%	9.8%	-6.3%
15	657	VA HEARTLAND-E V	1,083	96.4%	17.6%	18.8%	7.5%	14.4%	1.9%	7.2%	2.1%	16.2%	0.9%	27.4%	0.5%	52.7%	-7.7%	9.1%	1.5%
15	677	COLMERY-ONEIL VA	741	91.2%	7.6%	13.8%	5.7%	17.8%	1.9%	11.3%	-2.6%	18.2%	2.3%	18.6%	-7.9%	40.6%	-0.2%	7.9%	-5.8%
16	502	ALEXANDRIA	435	93.3%	5.4%	14.0%	9.8%	22.9%	18.9%	16.9%	12.9%	23.1%	19.5%	11.3%	-20.1%	37.3%	-16.3%	4.6%	-7.0%
16	520	GULF COAST HCS	1,147	92.6%	0.4%	13.7%	7.8%	16.2%	7.1%	13.8%	9.8%	15.8%	5.0%	20.0%	-1.5%	39.6%	-8.4%	8.3%	0.2%
16	564	FAYETTEVILLE AR	253	89.3%	-0.7%	14.2%	-1.8%	18.6%	6.0%	11.8%	1.4%	19.8%	7.4%	14.6%	-14.7%	41.2%	-7.0%	2.8%	-9.9%
16	580	HOUSTON	1,084	90.6%	4.2%	7.2%	-6.8%	18.2%	4.3%	11.8%	0.1%	19.4%	6.3%	14.8%	-8.9%	40.5%	-3.9%	6.5%	-1.9%
16	586	JACKSON	549	92.2%	5.6%	5.3%	-9.0%	11.5%	-10.3%	3.6%	-11.6%	13.4%	-10.1%	19.4%	2.5%	43.6%	5.2%	12.2%	5.8%
16	598	LITTLE ROCK	693	93.9%	7.9%	9.1%	-3.8%	14.1%	-1.7%	4.8%	-9.0%	17.7%	2.4%	24.0%	2.4%	55.5%	17.6%	6.8%	-2.2%
16	623	MUSKOGEE	263	87.1%	1.8%	3.5%	-8.5%	9.6%	-3.2%	0.0%	-11.8%	12.0%	-0.5%	22.3%	-0.7%	54.9%	14.0%	12.5%	3.4%
16	629	NEW ORLEANS	804	92.3%	8.0%	6.5%	1.1%	13.7%	-0.6%	7.5%	-1.1%	14.6%	-1.5%	16.2%	-4.3%	54.7%	10.6%	5.2%	-4.6%
16	635	OKLAHOMA CITY	526	88.2%	-0.4%	7.1%	1.1%	8.2%	-1.7%	3.5%	-1.1%	10.4%	-0.6%	22.0%	-0.1%	49.1%	-4.8%	5.7%	-5.1%
16	667	SHREVEPORT	460	87.8%	-0.4%	4.0%	-2.3%	5.7%	-7.0%	0.9%	-3.6%	7.4%	-9.3%	28.2%	2.1%	75.5%	19.8%	11.0%	3.1%
17	549	DALLAS	1,039	86.8%	8.6%	8.8%	5.6%	14.5%	6.4%	4.8%	1.5%	16.7%	7.1%	22.5%	-4.5%	61.9%	-0.4%	8.6%	-4.6%
17	671	SAN ANTONIO	877	90.3%	7.2%	7.8%	0.6%	15.4%	4.4%	9.2%	0.1%	17.2%	6.1%	18.2%	0.9%	39.1%	-13.0%	7.3%	2.0%
17	674	VA CENTRAL TEXAS	1,013	91.6%	8.1%	7.7%	1.6%	17.3%	9.3%	10.4%	5.3%	18.2%	8.3%	16.2%	-12.1%	48.8%	-8.8%	6.9%	0.4%
18	501	NEW MEXICO HCS	517	79.3%	1.7%	4.1%	-0.5%	11.0%	6.5%	5.0%	1.7%	12.9%	8.1%	21.5%	-8.8%	58.4%	-9.1%	9.1%	-4.1%
18	504	AMARILLO HCS	151	88.7%	10.2%	14.9%	7.0%	4.5%	-4.9%	2.7%	-0.6%	5.3%	-6.4%	42.5%	12.1%	67.6%	3.1%	15.8%	4.3%
18	519	WEST TEXAS HCS	115	98.3%	17.5%	8.0%	-1.1%	1.8%	-11.6%	0.0%	-12.1%	2.2%	-11.0%	22.1%	-3.2%	54.5%	10.7%	7.9%	-4.0%
18	644	PHOENIX	729	89.3%	7.1%	8.8%	2.4%	10.4%	-3.2%	6.9%	-2.8%	11.1%	-3.3%	25.5%	5.3%	57.4%	7.8%	9.0%	0.7%
18	649	NORTHERN ARIZONA	139	84.2%	6.9%	7.7%	2.6%	16.2%	7.4%	7.7%	4.1%	18.8%	7.1%	29.9%	-6.1%	53.8%	-21.2%	16.5%	4.4%
18	678	SOUTHERN ARIZONA	350	90.9%	9.6%	5.7%	-0.6%	10.4%	6.9%	0.0%	-3.2%	12.0%	8.4%	24.5%	-28.6%	66.7%	-3.5%	17.0%	-4.4%
18	756	EL PASO HCS	231	78.8%	-8.9%	2.7%	-4.6%	7.1%	3.8%	1.4%	-3.1%	10.7%	8.1%	25.3%	-7.6%	54.1%	-8.2%	5.4%	-13.9%
19	436	FORT HARRISON	166	94.0%	15.9%	9.0%	1.5%	9.6%	2.1%	2.0%	-4.0%	12.1%	4.1%	23.1%	-4.5%	40.0%	-14.4%	13.8%	4.7%

Table 3a. Station-level pharmacy measures -- Fiscal Year 2001

VISN	Station	Station name	N	Percent prescribed any antipsychotic		Percent with polypharmacy in past week		Percent dosed higher than PORT guidelines		Percent dosed high on conventionals		Percent dosed high on atypicals		Percent dosed lower than PORT guidelines		Percent dosed low on conventionals		Percent dosed low on atypicals	
				Change from FY 2001	Change from FY 2000	Change from FY 2001	Change from FY 2000	Change from FY 2001	Change from FY 2000	Change from FY 2001	Change from FY 2000	Change from FY 2001	Change from FY 2000	Change from FY 2001	Change from FY 2000	Change from FY 2001	Change from FY 2000	Change from FY 2001	Change from FY 2000
19	442	CHEYENNE	102	94.1%	17.7%	16.7%	9.3%	11.5%	-4.6%	7.7%	0.0%	11.1%	-9.3%	21.9%	-11.7%	43.6%	-13.3%	6.9%	-7.0%
19	554	DENVER	562	87.9%	0.7%	10.3%	3.5%	14.2%	5.2%	10.4%	8.3%	15.5%	5.1%	32.0%	3.0%	50.6%	-19.9%	13.4%	-3.2%
19	567	STH COLORADO HCS	268	93.3%	21.9%	5.6%	2.6%	26.8%	17.9%	12.2%	6.4%	31.7%	20.7%	15.6%	-11.0%	43.2%	-7.2%	3.8%	-3.5%
19	575	GRAND JUNCTION	149	89.9%	6.3%	11.2%	-3.0%	13.4%	4.6%	7.3%	3.9%	16.0%	5.4%	26.1%	2.5%	50.9%	12.6%	7.4%	-6.0%
19	660	SALT LAKE CITY H	423	93.4%	5.1%	12.7%	2.0%	12.2%	0.2%	3.2%	-8.0%	13.5%	2.4%	24.3%	0.3%	65.3%	18.0%	10.5%	8.3%
19	666	SHERIDAN	110	98.2%	27.4%	22.2%	14.5%	16.7%	6.7%	9.8%	0.9%	16.9%	6.6%	23.1%	-16.3%	51.2%	-4.3%	4.8%	-13.5%
20	463	ALASKA HCS & RO	63	87.3%	7.4%	0.0%	-5.3%	14.5%	-2.8%	16.7%	5.3%	14.3%	-4.6%	5.5%	-13.6%	33.3%	-13.3%	2.0%	-4.2%
20	531	BOISE	226	91.2%	12.0%	8.3%	-1.6%	12.6%	1.4%	8.5%	5.3%	13.6%	-1.0%	26.2%	-9.3%	54.9%	-5.4%	10.2%	-6.3%
20	648	PORTLAND	665	91.4%	8.2%	4.6%	-5.8%	12.8%	2.2%	6.0%	0.6%	15.8%	4.5%	25.2%	2.5%	51.4%	-5.6%	10.0%	-2.8%
20	653	VA ROSEBURG HCS	283	92.6%	3.8%	6.5%	-10.2%	14.9%	2.8%	7.8%	-3.0%	17.2%	6.6%	20.2%	3.6%	42.9%	6.4%	10.1%	6.2%
20	663	PUGET SOUND HCS	1,066	89.8%	22.7%	9.2%	5.1%	19.2%	2.9%	9.3%	9.3%	22.3%	2.3%	21.7%	5.4%	52.4%	16.0%	6.7%	-3.3%
20	668	SPOKANE	202	87.1%	-0.9%	8.5%	-0.5%	9.1%	-2.7%	4.1%	-5.0%	10.1%	-3.2%	23.3%	-8.8%	65.3%	8.7%	6.5%	-6.1%
20	687	WALLA WALLA	120	89.2%	5.8%	14.0%	9.8%	9.3%	-2.7%	2.9%	-5.3%	10.5%	-3.5%	25.2%	-3.8%	54.3%	-1.7%	11.6%	1.4%
20	692	WHITE CITY	227	92.1%	8.7%	11.0%	6.7%	14.8%	-0.2%	8.2%	-5.2%	16.7%	1.0%	19.6%	2.1%	55.1%	21.8%	8.0%	-1.6%
21	358	MANILA	158	89.2%	4.7%	35.5%	28.2%	7.1%	-9.1%	3.9%	-3.5%	9.7%	-10.3%	55.3%	26.4%	74.5%	14.0%	3.2%	-5.8%
21	459	HONOLULU	491	90.6%	8.9%	7.0%	-0.5%	10.1%	0.8%	5.6%	-3.0%	11.5%	2.7%	21.6%	-5.4%	53.2%	-10.6%	8.8%	-4.0%
21	570	CENTRAL CALIFORN	285	90.2%	8.8%	5.1%	-5.8%	20.6%	11.7%	6.8%	1.6%	25.5%	16.0%	19.8%	-15.8%	48.6%	-13.4%	8.0%	-10.1%
21	612	NCHC MARTINEZ	920	86.3%	-0.8%	8.3%	-5.6%	13.5%	4.7%	9.1%	3.2%	14.0%	5.1%	21.2%	-7.5%	46.8%	-19.1%	11.3%	1.8%
21	640	PALO ALTO-PALO A	982	94.2%	10.1%	8.8%	-31.4%	20.1%	14.3%	9.4%	6.7%	22.4%	10.8%	18.7%	-36.0%	52.2%	-13.6%	7.5%	7.5%
21	654	SIERRA NEVADA HC	183	85.8%	-0.4%	8.9%	1.4%	8.3%	-1.4%	11.8%	4.2%	6.6%	-3.4%	17.8%	-5.0%	44.1%	-6.2%	10.3%	0.9%
21	662	SAN FRANCISCO	520	84.4%	0.9%	10.3%	2.4%	13.4%	-5.5%	7.1%	0.3%	15.2%	-9.3%	25.5%	5.4%	55.0%	12.3%	11.0%	4.9%
22	593	LAS VEGAS	329	88.1%	10.6%	6.6%	0.3%	11.4%	-0.3%	0.0%	-6.9%	14.8%	1.9%	23.4%	-2.5%	64.1%	15.7%	9.0%	-7.0%
22	600	VA LONG BEACH HC	677	93.6%	4.9%	13.9%	5.7%	13.7%	-3.0%	7.7%	-3.6%	15.5%	-2.5%	23.3%	0.0%	52.6%	0.2%	9.5%	-0.4%
22	605	LOMA LINDA	502	85.9%	3.5%	11.6%	5.2%	18.1%	10.8%	12.0%	5.1%	18.1%	11.2%	22.0%	-5.4%	51.3%	-3.9%	9.9%	-7.6%
22	664	VA SAN DIEGO HCS	772	92.5%	21.4%	9.7%	-0.1%	17.6%	4.4%	8.9%	3.4%	21.9%	5.9%	27.5%	-1.1%	49.4%	-4.8%	10.1%	-3.2%
22	691	GREATER LA HCS	2,222	86.3%	7.5%	7.0%	2.8%	15.5%	2.8%	6.7%	0.3%	18.0%	2.1%	19.7%	0.2%	45.4%	-8.3%	9.2%	4.2%
Min				76.1%	-8.9%	0.0%	-31.4%	1.8%	-15.8%	0.0%	-18.0%	1.7%	-19.0%	5.5%	-36.0%	29.7%	-58.6%	2.0%	-13.9%
Max				98.3%	32.2%	35.5%	28.2%	26.8%	18.9%	16.9%	14.4%	31.7%	20.7%	55.3%	26.4%	75.9%	33.0%	21.5%	11.5%
Mean				89.9%	8.0%	9.2%	0.9%	13.0%	1.4%	7.2%	-0.9%	14.6%	2.0%	24.7%	-4.7%	52.3%	-1.7%	9.7%	-1.6%
Std. Dev.				454	3.8%	4.6%	5.7%	4.4%	5.3%	4.0%	5.0%	5.0%	6.0%	6.5%	7.6%	8.9%	10.6%	3.4%	4.2%
Coeff. of Var.				0.78	0.04	0.76	6.21	0.34	3.83	0.55	-5.49	0.34	3.04	0.26	-1.60	0.17	-6.35	0.36	-2.67

Table 3b. Station-level pharmacy measures -- Fiscal Year 2001 (continued)

VISN	Station	Station name	N	Percent prescribed any conventional		Percent prescribed any atypical		Percent prescribed clozapine		Percent prescribed olanzapine		Percent prescribed quetiapine		Percent prescribed risperidone		Percent prescribed ziprasidone	
				Change from		Change from		Change from		Change from		Change from		Change from		Change from	
				FY 2001	FY 2000	FY 2001	FY 2000	FY 2001	FY 2000	FY 2001	FY 2000	FY 2001	FY 2000	FY 2001	FY 2000	FY 2001	FY 2000
1	402	TOGUS	408	39.8%	-8.2%	74.5%	12.6%	8.2%	1.6%	33.4%	-1.1%	15.6%	8.3%	17.8%	2.4%	2.7%	NA
1	405	WHITE RIVER JCT	131	46.7%	-1.6%	59.2%	1.4%	2.5%	-0.9%	23.3%	-7.7%	10.0%	5.7%	23.3%	4.4%	1.7%	NA
1	518	BEDFORD	507	35.7%	-13.6%	69.9%	10.4%	7.2%	0.2%	22.3%	3.0%	21.9%	7.4%	23.8%	2.8%	1.7%	NA
1	523	BOSTON	1,237	35.8%	-1.0%	73.3%	2.2%	4.5%	1.4%	30.5%	0.6%	16.0%	1.6%	28.7%	0.7%	0.8%	NA
1	608	MANCHESTER	127	40.2%	1.7%	65.2%	1.8%	3.6%	1.1%	30.4%	-3.2%	8.9%	3.3%	23.2%	-2.9%	4.5%	NA
1	631	NORTHAMPTON	386	31.0%	-4.8%	73.0%	3.7%	5.6%	1.5%	26.8%	-1.0%	6.2%	3.2%	38.0%	2.9%	0.3%	NA
1	650	PROVIDENCE	370	24.3%	-10.3%	81.1%	7.9%	4.2%	0.8%	32.1%	-13.3%	10.2%	2.6%	35.7%	16.5%	1.5%	NA
1	689	WEST HAVEN	869	30.9%	-5.9%	74.5%	5.9%	6.7%	1.4%	35.3%	-0.6%	6.8%	2.6%	25.1%	0.5%	3.1%	NA
2	528	UPSTATE N.Y. HCS	2,237	37.3%	-8.1%	69.7%	8.5%	3.1%	0.0%	25.5%	-0.7%	14.2%	10.2%	29.3%	0.7%	0.6%	NA
3	526	BRONX	488	35.3%	-9.9%	70.5%	11.6%	2.0%	0.3%	27.0%	3.0%	5.4%	4.2%	36.8%	3.8%	0.2%	NA
3	561	EAST ORANGE	1,269	39.9%	-5.4%	66.4%	5.4%	2.2%	0.5%	25.3%	1.1%	5.1%	3.7%	34.7%	0.2%	0.3%	NA
3	620	MONROSE	764	42.2%	-6.3%	71.6%	7.5%	3.0%	1.5%	31.0%	0.7%	10.9%	6.5%	30.6%	1.3%	0.1%	NA
3	630	N.Y. HARBOR HCS	1,576	41.3%	-7.0%	67.1%	9.7%	0.6%	0.1%	30.4%	5.1%	9.1%	5.6%	29.4%	0.0%	0.2%	NA
3	632	NORTHPORT	686	41.9%	-9.2%	66.2%	10.0%	0.8%	0.3%	38.6%	7.6%	2.6%	1.1%	24.8%	1.0%	0.2%	NA
4	460	WILMINGTON	228	40.8%	-10.3%	70.9%	15.7%	0.5%	0.0%	44.2%	15.0%	6.3%	2.7%	21.8%	-2.6%	0.0%	NA
4	503	JAMES E VAN ZAND	147	53.3%	-9.0%	53.3%	9.0%	0.8%	0.0%	26.2%	4.1%	4.1%	0.0%	22.1%	3.3%	0.0%	NA
4	529	BUTLER	96	32.5%	-10.9%	71.1%	10.2%	1.2%	1.2%	38.6%	-2.0%	12.0%	12.0%	18.1%	-2.2%	3.6%	NA
4	540	CLARKSBURG	218	33.8%	-16.2%	73.8%	17.0%	2.4%	0.2%	35.7%	6.2%	13.3%	7.4%	23.8%	6.3%	0.0%	NA
4	542	COATESVILLE	547	32.6%	-9.2%	76.2%	11.9%	1.4%	0.0%	28.1%	-0.5%	17.3%	11.0%	29.6%	0.7%	2.3%	NA
4	562	ERIE	200	45.2%	-7.0%	68.4%	8.8%	1.7%	1.7%	33.9%	2.4%	8.5%	6.2%	25.4%	-1.0%	0.6%	NA
4	595	LEBANON	605	44.9%	-4.8%	69.4%	7.3%	0.9%	0.4%	30.9%	6.1%	5.7%	3.8%	33.4%	-1.8%	0.2%	NA
4	642	PHILADELPHIA	1,329	42.2%	-3.3%	64.3%	4.7%	0.6%	-0.1%	31.7%	0.2%	11.4%	7.7%	22.2%	-1.0%	0.2%	NA
4	646	PITTSBURGH-UNIV	1,227	42.9%	-3.6%	66.8%	5.2%	4.0%	0.7%	26.6%	0.2%	14.5%	4.0%	23.1%	0.5%	1.1%	NA
4	693	WILKES BARRE	540	46.6%	-4.3%	61.1%	5.8%	2.1%	0.1%	21.4%	-0.6%	7.3%	4.6%	31.6%	2.2%	0.4%	NA
5	512	BALTIMORE	1,046	38.7%	-10.1%	69.9%	9.7%	1.6%	0.1%	35.3%	1.9%	5.4%	1.5%	28.3%	5.5%	1.1%	NA
5	613	MARTINSBURG	305	31.3%	-1.5%	75.4%	3.5%	1.8%	0.6%	25.3%	-10.6%	21.0%	8.8%	23.8%	0.6%	5.7%	NA
5	688	WASHINGTON	996	20.5%	-3.7%	84.9%	3.9%	1.4%	-0.3%	36.9%	-7.1%	10.5%	1.2%	35.3%	8.5%	3.6%	NA
6	517	BECKLEY	142	45.5%	-16.3%	59.7%	16.2%	0.7%	0.7%	14.9%	1.2%	6.7%	4.4%	36.6%	7.6%	2.2%	NA
6	558	DURHAM	418	42.7%	-5.3%	64.4%	8.8%	1.9%	0.1%	27.2%	2.8%	6.3%	3.3%	28.0%	2.1%	1.6%	NA
6	565	FAYETTEVILLE NC	355	34.7%	-4.6%	69.8%	6.6%	0.3%	0.0%	26.9%	6.6%	2.4%	2.1%	40.1%	-2.5%	1.2%	NA
6	590	HAMPTON	502	35.7%	-8.0%	68.5%	9.2%	1.5%	0.5%	37.0%	3.8%	4.2%	2.6%	24.5%	0.8%	2.2%	NA
6	637	ASHEVILLE-OTEE	170	46.9%	0.0%	55.1%	0.9%	0.0%	0.0%	19.7%	1.1%	4.8%	3.1%	29.9%	-4.0%	2.0%	NA
6	652	RICHMOND	434	36.9%	-10.7%	70.3%	11.4%	0.5%	0.3%	30.8%	4.4%	9.2%	7.1%	29.5%	-0.9%	0.8%	NA
6	658	SALEM	573	47.7%	-9.0%	57.9%	9.2%	4.8%	1.5%	21.8%	1.0%	4.1%	0.9%	27.2%	5.1%	1.3%	NA
6	659	SALISBURY	563	30.2%	-8.1%	72.4%	6.7%	1.6%	0.7%	36.2%	-2.0%	5.3%	2.1%	26.3%	3.3%	3.7%	NA
7	508	ATLANTA	1,194	29.2%	-2.3%	78.3%	1.5%	1.7%	0.4%	36.0%	-0.2%	12.0%	8.2%	30.0%	-5.8%	0.9%	NA
7	509	AUGUSTA	670	35.7%	-7.6%	68.2%	7.5%	6.2%	1.4%	32.5%	-0.5%	9.1%	2.3%	16.7%	-0.2%	5.5%	NA
7	521	BIRMINGHAM	655	25.4%	-10.0%	80.9%	9.3%	1.5%	0.6%	48.8%	3.2%	4.3%	3.8%	26.7%	0.7%	1.8%	NA
7	534	CHARLESTON	475	35.0%	-0.7%	74.5%	2.1%	4.0%	-0.2%	24.3%	-1.2%	13.9%	1.0%	30.3%	-2.0%	5.9%	NA
7	544	COLUMBIA SC	482	40.3%	-2.2%	69.2%	5.1%	0.4%	0.3%	32.4%	2.0%	15.4%	3.6%	22.2%	-0.2%	2.0%	NA
7	557	DUBLIN	350	23.2%	-8.8%	79.7%	6.5%	0.0%	0.0%	33.4%	2.0%	7.1%	-0.7%	38.3%	3.2%	1.3%	NA
7	619	MONTGOMERY	783	28.5%	-11.9%	73.9%	11.7%	0.1%	-0.3%	37.6%	4.3%	6.7%	3.6%	28.9%	3.8%	1.1%	NA
7	679	TUSCALOOSA	428	44.0%	-3.6%	60.5%	2.8%	4.5%	1.3%	29.5%	-4.3%	3.0%	1.6%	23.3%	3.9%	0.8%	NA
8	516	BAY PINES	802	34.2%	-10.3%	68.9%	9.9%	1.6%	0.3%	33.3%	3.7%	11.5%	8.3%	22.9%	-3.0%	1.9%	NA
8	546	MIAMI	1,124	51.3%	-21.5%	55.1%	22.5%	2.2%	0.4%	22.9%	9.7%	7.2%	3.1%	23.2%	8.8%	0.9%	NA
8	548	W PALM BEACH	373	33.2%	-4.7%	73.8%	6.9%	2.6%	0.4%	39.7%	5.5%	6.7%	0.5%	26.5%	1.1%	0.6%	NA
8	573	N FL/S GA HCS	1,159	30.3%	-6.8%	76.3%	7.5%	2.1%	0.5%	37.6%	1.6%	5.5%	2.5%	31.3%	1.7%	1.9%	NA
8	672	SAN JUAN	2,536	31.3%	-13.2%	70.6%	12.7%	0.3%	0.1%	51.7%	2.9%	5.9%	5.8%	13.0%	3.6%	0.0%	NA
8	673	TAMPA	1,403	47.8%	-7.4%	58.4%	7.7%	1.4%	0.6%	23.3%	-1.9%	4.1%	1.7%	29.9%	7.3%	1.0%	NA
9	581	HUNTINGTON	240	48.3%	-16.5%	54.7%	17.0%	0.0%	0.0%	19.2%	6.3%	5.9%	4.3%	31.0%	7.6%	0.5%	NA

Table 3b. Station-level pharmacy measures -- Fiscal Year 2001 (continued)

VISN	Station	Station name	N	Percent prescribed any conventional		Percent prescribed any atypical		Percent prescribed clozapine		Percent prescribed olanzapine		Percent prescribed quetiapine		Percent prescribed risperidone		Percent prescribed ziprasidone	
				Change from		Change from		Change from		Change from		Change from		Change from		Change from	
				FY 2001	FY 2000	FY 2001	FY 2000	FY 2001	FY 2000	FY 2001	FY 2000	FY 2001	FY 2000	FY 2001	FY 2000	FY 2001	FY 2000
9	596	LEXINGTON-LEESTO	296	27.1%	-7.4%	77.8%	7.1%	1.5%	0.0%	23.7%	9.5%	9.8%	8.6%	44.7%	-9.6%	0.4%	NA
9	603	LOUISVILLE	425	27.7%	-13.4%	76.0%	11.5%	2.6%	0.4%	31.4%	-3.4%	7.7%	2.5%	31.7%	8.3%	3.2%	NA
9	614	MEMPHIS	571	40.4%	-10.7%	61.5%	10.7%	2.1%	0.3%	23.8%	4.0%	5.2%	2.9%	28.3%	1.2%	3.1%	NA
9	621	MOUNTAIN HOME	243	43.0%	-4.3%	62.4%	5.2%	0.5%	0.5%	24.4%	3.8%	9.5%	-2.3%	27.1%	3.5%	1.8%	NA
9	626	VA MID TENN HCS	1,036	43.4%	-7.6%	64.7%	8.5%	3.4%	2.9%	33.2%	1.3%	6.2%	5.2%	23.2%	-0.2%	1.2%	NA
10	538	CHILLICOTHE	632	55.3%	8.6%	59.7%	-0.1%	6.7%	3.7%	20.3%	-12.7%	16.2%	12.6%	18.3%	-2.8%	0.3%	NA
10	539	CINCINNATI	460	24.0%	-42.0%	81.3%	31.8%	4.3%	-1.7%	39.6%	15.3%	16.1%	8.8%	24.9%	10.9%	0.7%	NA
10	541	CLEVELAND-WADE P	2,061	39.2%	5.2%	67.1%	-3.8%	6.5%	2.7%	30.7%	-9.2%	8.4%	-2.6%	23.9%	6.7%	0.4%	NA
10	552	DAYTON	476	34.6%	-12.6%	68.6%	9.6%	1.5%	-5.0%	32.8%	6.4%	12.1%	6.1%	23.5%	1.5%	0.2%	NA
10	757	COLUMBUS-IOC	384	32.0%	-10.4%	72.2%	9.0%	1.8%	0.2%	27.5%	-9.7%	16.5%	12.9%	27.8%	7.6%	0.0%	NA
11	506	ANN ARBOR HCS	423	28.3%	-14.0%	76.9%	12.6%	6.8%	5.9%	45.6%	13.7%	6.0%	-2.1%	19.5%	-4.0%	0.0%	NA
11	515	BATTLE CREEK	881	48.9%	14.4%	60.7%	-7.0%	4.1%	-0.3%	25.9%	-20.9%	9.2%	7.5%	22.5%	7.2%	0.0%	NA
11	550	ILLIANA HCS DANV	507	32.5%	-26.5%	72.0%	24.2%	1.3%	-2.2%	36.6%	11.9%	2.8%	-0.4%	31.0%	13.9%	0.2%	NA
11	553	DETROIT VAMC	889	33.1%	-5.9%	72.1%	7.9%	3.4%	2.8%	24.9%	-8.5%	10.1%	8.7%	36.2%	7.7%	0.0%	NA
11	583	INDIANAPOLIS-10T	472	29.7%	-19.8%	78.1%	23.0%	2.2%	-0.6%	38.9%	18.7%	7.0%	2.6%	29.9%	1.5%	2.7%	NA
11	610	NORTHERN INDIANA	519	49.1%	11.6%	59.6%	-11.6%	0.8%	-1.6%	32.8%	-4.9%	2.9%	-2.6%	23.7%	-4.5%	0.2%	NA
11	655	SAGINAW	239	37.1%	-26.8%	70.6%	26.6%	0.5%	-0.4%	29.0%	10.7%	7.2%	4.1%	34.4%	12.1%	0.0%	NA
12	537	VA CHICAGO HCS	1,179	28.9%	-16.8%	74.5%	9.8%	0.7%	-0.3%	30.7%	2.1%	6.7%	1.7%	36.6%	5.6%	0.5%	NA
12	556	NORTH CHICAGO	243	33.5%	-1.2%	67.0%	-2.5%	1.6%	0.7%	22.2%	-9.2%	2.7%	-2.8%	40.0%	6.9%	0.5%	NA
12	578	HINES	463	25.1%	-14.3%	80.8%	16.5%	2.5%	1.7%	26.8%	4.1%	5.9%	5.2%	47.9%	7.8%	0.7%	NA
12	585	IRON MOUNTAIN	138	35.2%	2.6%	78.9%	3.8%	0.8%	-0.6%	29.7%	3.8%	17.2%	14.4%	39.8%	-6.4%	0.0%	NA
12	607	MADISON	234	21.1%	-22.1%	83.9%	13.5%	16.5%	16.5%	32.1%	4.9%	15.6%	2.8%	22.0%	-14.8%	1.8%	NA
12	676	TOMAH	288	38.1%	15.0%	70.4%	-9.5%	9.7%	-4.7%	29.6%	-0.1%	9.7%	-0.8%	24.1%	-4.3%	0.4%	NA
12	695	MILWAUKEE	592	40.8%	-4.1%	67.9%	4.4%	4.2%	-5.7%	28.8%	-2.5%	11.1%	8.6%	26.4%	4.4%	2.0%	NA
13	437	FARGO	158	24.5%	-19.8%	83.4%	18.8%	6.0%	2.7%	44.4%	14.6%	11.9%	7.3%	23.2%	-6.2%	1.3%	NA
13	438	SIOUX FALLS	216	34.7%	8.5%	72.0%	-8.7%	4.7%	-0.2%	25.4%	-22.2%	7.3%	2.4%	36.3%	12.1%	0.5%	NA
13	568	FORT MEADE	276	44.8%	5.0%	62.5%	-6.6%	2.6%	-2.4%	20.7%	-3.6%	5.6%	1.7%	34.1%	-4.1%	0.4%	NA
13	618	MINNEAPOLIS	788	30.6%	-23.1%	73.9%	18.3%	4.1%	1.9%	40.6%	24.1%	9.8%	9.0%	21.2%	-15.3%	0.7%	NA
13	656	ST CLOUD	312	29.9%	-6.8%	74.7%	6.6%	7.6%	3.6%	46.5%	8.6%	5.6%	-0.9%	14.6%	-7.0%	1.0%	NA
14	636	VA NEB-WESTERN I	1,185	34.4%	3.1%	72.4%	-0.9%	3.6%	-2.4%	33.1%	-12.5%	7.1%	3.0%	29.0%	11.0%	1.4%	NA
15	452	VAMC WICHITA KS<	218	46.5%	-3.5%	65.8%	12.2%	1.6%	1.6%	26.7%	-5.4%	11.8%	11.8%	29.4%	8.0%	0.0%	NA
15	543	COLUMBIA MO<0401	162	24.5%	-14.6%	81.5%	18.2%	0.7%	0.7%	46.4%	14.2%	4.0%	-0.6%	31.8%	4.2%	1.3%	NA
15	589	VAMC HEARTLAND-V	507	38.4%	-11.6%	69.3%	6.8%	2.6%	2.6%	19.9%	-17.6%	11.0%	11.0%	37.7%	12.7%	0.0%	NA
15	609	MARION IL<0701	346	33.2%	-10.1%	72.6%	8.4%	0.6%	-2.8%	35.2%	5.9%	15.2%	10.8%	22.6%	-5.5%	0.6%	NA
15	647	POPLAR BLUFF<401	138	26.9%	-26.5%	76.1%	23.9%	0.7%	-0.4%	38.1%	10.5%	7.5%	-0.4%	33.6%	16.7%	0.0%	NA
15	657	VA HEARTLAND-E V	1,083	41.1%	4.8%	73.5%	-0.3%	2.6%	2.0%	35.2%	-6.0%	12.7%	9.0%	28.0%	-2.0%	0.3%	NA
15	677	COLMERY-ONEIL VA	741	31.4%	-13.5%	78.7%	16.9%	4.0%	0.8%	33.4%	13.7%	8.9%	2.8%	35.9%	1.7%	0.3%	NA
16	502	ALEXANDRIA	435	20.4%	-25.6%	86.2%	28.3%	5.4%	5.4%	42.9%	8.1%	4.7%	0.1%	41.4%	23.4%	0.0%	NA
16	520	GULF COAST HCS	1,147	34.7%	2.3%	75.7%	3.6%	1.3%	1.3%	31.1%	-7.9%	13.5%	8.9%	32.0%	2.1%	0.2%	NA
16	564	FAYETTEVILLE AR	253	30.1%	-13.1%	78.3%	8.4%	2.7%	1.2%	35.0%	3.8%	16.4%	9.1%	28.3%	-4.0%	1.3%	NA
16	580	HOUSTON	1,084	24.1%	-16.4%	80.1%	8.8%	2.4%	0.5%	36.9%	4.0%	8.4%	3.6%	34.4%	1.1%	1.0%	NA
16	586	JACKSON	549	21.7%	-10.2%	81.0%	5.3%	0.8%	-3.8%	22.3%	-4.3%	19.4%	15.9%	38.5%	-8.9%	3.0%	NA
16	598	LITTLE ROCK	693	34.9%	-5.6%	70.2%	0.5%	4.0%	2.9%	25.5%	-7.4%	12.7%	9.3%	29.2%	-4.4%	2.3%	NA
16	623	MUSKOGEE	263	22.3%	-18.9%	80.3%	12.7%	2.6%	0.9%	38.9%	14.5%	5.2%	-8.5%	33.6%	2.7%	0.4%	NA
16	629	NEW ORLEANS	804	21.7%	-8.3%	83.3%	9.4%	0.4%	-1.5%	48.7%	11.0%	5.1%	2.7%	30.5%	-2.6%	0.1%	NA
16	635	OKLAHOMA CITY	526	36.9%	11.5%	68.1%	-10.9%	0.0%	-0.7%	36.4%	3.9%	8.2%	-2.3%	25.4%	-11.5%	0.0%	NA
16	667	SHREVEPORT	460	26.2%	-11.4%	76.7%	10.9%	0.5%	-2.8%	27.2%	1.5%	11.6%	4.1%	36.1%	4.5%	2.5%	NA
17	549	DALLAS	1,039	25.6%	-1.9%	80.4%	5.2%	4.9%	3.1%	37.1%	3.8%	16.9%	10.1%	24.1%	-9.7%	0.4%	NA
17	671	SAN ANTONIO	877	33.0%	7.4%	72.6%	-7.2%	2.3%	2.1%	31.6%	-17.9%	5.2%	4.6%	34.5%	4.1%	1.0%	NA
17	674	VA CENTRAL TEXAS	1,013	21.7%	-21.0%	82.8%	21.7%	4.1%	3.9%	37.9%	8.2%	13.8%	9.7%	28.8%	-0.3%	1.6%	NA

Table 3b. Station-level pharmacy measures -- Fiscal Year 2001 (continued)

VISN	Station	Station name	N	Percent prescribed any conventional		Percent prescribed any atypical		Percent prescribed clozapine		Percent prescribed olanzapine		Percent prescribed quetiapine		Percent prescribed risperidone		Percent prescribed ziprasidone	
				Change from		Change from		Change from		Change from		Change from		Change from		Change from	
				FY 2001	FY 2000	FY 2001	FY 2000	FY 2001	FY 2000	FY 2001	FY 2000	FY 2001	FY 2000	FY 2001	FY 2000	FY 2001	FY 2000
18	501	NEW MEXICO HCS	517	24.6%	-6.5%	77.3%	5.6%	3.4%	3.0%	34.4%	1.3%	7.1%	1.6%	31.5%	-2.9%	2.9%	NA
18	504	AMARILLO HCS	151	55.2%	20.0%	56.7%	-14.3%	0.7%	-3.1%	23.1%	-18.0%	12.7%	3.7%	21.6%	3.3%	0.0%	NA
18	519	WEST TEXAS HCS	115	29.2%	-10.4%	78.8%	11.4%	0.0%	-1.7%	52.2%	24.0%	4.4%	-0.6%	22.1%	-11.5%	0.0%	NA
18	644	PHOENIX	729	33.2%	4.7%	73.6%	-2.5%	1.5%	-1.1%	37.6%	-1.0%	4.1%	-5.0%	31.8%	4.7%	0.5%	NA
18	649	NORTHERN ARIZONA	139	33.3%	-4.0%	72.6%	6.2%	0.9%	-1.1%	32.5%	4.3%	2.6%	-1.2%	38.5%	5.1%	0.0%	NA
18	678	SOUTHERN ARIZONA	350	15.1%	-50.6%	86.8%	47.6%	0.0%	0.0%	35.2%	20.5%	18.2%	14.0%	35.5%	15.3%	1.6%	NA
18	756	EL PASO HCS	231	40.7%	10.5%	61.5%	-15.0%	0.0%	0.0%	35.2%	-3.1%	6.6%	1.9%	19.2%	-9.0%	1.1%	NA
19	436	FORT HARRISON	166	32.1%	-7.5%	74.4%	7.4%	0.6%	-0.2%	33.3%	2.0%	10.3%	6.9%	32.1%	0.0%	0.0%	NA
19	442	CHEYENNE	102	40.6%	-3.0%	75.0%	12.6%	5.2%	5.2%	44.8%	13.2%	7.3%	7.3%	15.6%	-16.6%	3.1%	NA
19	554	DENVER	562	48.8%	26.4%	58.9%	-23.4%	3.4%	3.4%	25.7%	-7.5%	7.9%	1.3%	23.1%	-21.0%	0.6%	NA
19	567	STH COLORADO HCS	268	29.6%	-14.7%	73.2%	15.4%	6.4%	6.4%	43.6%	13.6%	10.4%	6.2%	14.8%	-8.8%	0.0%	NA
19	575	GRAND JUNCTION	149	41.0%	0.5%	70.1%	-0.1%	0.7%	0.7%	24.6%	-8.5%	1.5%	-3.9%	43.3%	7.5%	0.0%	NA
19	660	SALT LAKE CITY H	423	24.1%	-23.9%	84.3%	24.3%	7.6%	3.6%	50.4%	3.7%	9.6%	5.6%	20.8%	12.8%	0.3%	NA
19	666	SHERIDAN	110	38.0%	-16.7%	76.9%	25.0%	0.9%	-1.5%	44.4%	22.2%	4.6%	-0.2%	34.3%	11.2%	0.0%	NA
20	463	ALASKA HCS & RO	63	10.9%	-20.2%	89.1%	15.9%	0.0%	-4.6%	70.9%	26.7%	1.8%	-7.0%	12.7%	-3.5%	3.6%	NA
20	531	BOISE	226	34.5%	-7.0%	71.4%	3.6%	1.9%	1.3%	19.9%	-7.7%	18.4%	17.8%	33.0%	-5.8%	0.0%	NA
20	648	PORTLAND	665	35.9%	15.2%	67.6%	-18.9%	5.8%	-0.2%	36.8%	-17.7%	7.4%	-0.4%	16.6%	-4.9%	2.1%	NA
20	653	VA ROSEBURG HCS	283	29.4%	-8.0%	75.6%	-1.2%	1.1%	0.1%	30.9%	-7.5%	4.2%	-3.4%	39.3%	7.5%	1.5%	NA
20	663	PUGET SOUND HCS	1,066	32.7%	10.3%	73.0%	-8.6%	3.1%	3.1%	31.8%	-33.5%	10.3%	10.3%	28.7%	12.4%	2.4%	NA
20	668	SPOKANE	202	27.8%	-17.0%	78.4%	17.3%	0.0%	-1.4%	34.7%	12.9%	14.8%	3.5%	30.1%	3.0%	1.7%	NA
20	687	WALLA WALLA	120	32.7%	-8.2%	80.4%	18.3%	0.0%	-4.9%	40.2%	-0.6%	12.1%	8.7%	27.1%	13.5%	1.9%	NA
20	692	WHITE CITY	227	23.4%	-8.7%	83.3%	12.5%	0.0%	-0.4%	42.1%	10.3%	5.7%	2.9%	39.2%	2.4%	1.0%	NA
21	358	MANILA	158	72.3%	33.7%	44.0%	-23.3%	0.0%	-3.0%	18.4%	-10.9%	5.7%	-1.9%	19.9%	-8.7%	0.0%	NA
21	459	HONOLULU	491	27.9%	0.9%	76.2%	-3.4%	2.7%	2.7%	34.6%	-5.9%	14.8%	6.9%	25.2%	-6.0%	1.3%	NA
21	570	CENTRAL CALIFORN	285	28.8%	-8.1%	73.2%	-0.7%	2.7%	2.7%	41.2%	15.8%	14.4%	2.9%	16.3%	-20.0%	1.2%	NA
21	612	NCHC MARTINEZ	920	27.7%	-6.2%	78.2%	2.5%	2.6%	2.2%	45.1%	8.8%	9.2%	6.4%	23.3%	-16.1%	0.3%	NA
21	640	PALO ALTO-PALO A	982	24.2%	-59.0%	81.1%	49.7%	6.1%	6.1%	47.0%	30.2%	10.7%	10.7%	20.2%	5.6%	0.5%	NA
21	654	SIERRA NEVADA HC	183	21.7%	-10.2%	86.6%	14.3%	0.6%	-2.4%	43.3%	13.9%	11.5%	-2.4%	31.8%	2.6%	0.0%	NA
21	662	SAN FRANCISCO	520	31.9%	-6.4%	76.5%	9.6%	1.1%	-1.5%	44.0%	3.4%	6.2%	-0.2%	26.0%	8.5%	0.9%	NA
22	593	LAS VEGAS	329	26.9%	-3.4%	76.9%	2.7%	1.4%	-0.6%	43.1%	1.2%	8.3%	2.9%	24.8%	0.2%	1.7%	NA
22	600	VA LONG BEACH HC	677	30.6%	-0.9%	78.2%	3.9%	3.3%	-1.8%	25.1%	-16.9%	17.8%	10.5%	35.6%	14.0%	1.1%	NA
22	605	LOMA LINDA	502	27.1%	2.3%	81.9%	1.2%	2.6%	2.1%	38.3%	0.1%	14.6%	9.5%	28.8%	-8.6%	0.2%	NA
22	664	VA SAN DIEGO HCS	772	44.0%	8.0%	63.9%	-7.1%	1.7%	0.9%	19.3%	-23.2%	11.5%	6.2%	31.4%	7.4%	1.1%	NA
22	691	GREATER LA HCS	2,222	28.0%	-2.2%	76.1%	4.3%	2.5%	1.2%	22.9%	-15.7%	15.4%	11.8%	37.7%	8.2%	0.5%	NA
Min				10.9%	-59.0%	44.0%	-23.4%	0.0%	-5.7%	14.9%	-33.5%	1.5%	-8.5%	12.7%	-21.0%	0.0%	
Max				72.3%	33.7%	89.1%	49.7%	16.5%	16.5%	70.9%	30.2%	21.9%	17.8%	47.9%	23.4%	5.9%	
Mean			584	34.6%	-7.2%	72.1%	7.6%	2.6%	0.6%	32.9%	1.4%	9.3%	4.3%	28.4%	1.3%	1.1%	
Std. Dev.			454	9.1%	12.0%	8.0%	10.8%	2.4%	2.5%	8.7%	10.3%	4.5%	4.7%	7.0%	7.5%	1.2%	
Coeff. of Var.			0.78	0.26	-1.67	0.11	1.43	0.94	4.44	0.26	7.42	0.49	1.08	0.25	5.62	1.07	

Table A1. Sample characteristics

Variable	VA Sample				Private Sample				χ^2 or t statistic	p
	N	%	Mean	Std Dev	N	%	Mean	Std Dev		
Age	2,636		52.86	12.24	1318		45.05	12.71	-18.68	0.0001
Female	136	5.2%			725	55.0%			1281.78	0.0001
Comorbid diagnoses										
Other psychosis	333	12.6%			176	13.4%			0.41	0.5235
Dementia/Alzheimer's disease	176	6.7%			55	4.2%			10.01	0.0016
Major depression	505	19.2%			257	19.5%			0.07	0.7975
Bipolar disorder	420	15.9%			215	16.3%			0.09	0.7594
PTSD	364	13.8%			21	1.6%			149.18	0.0001
Substance abuse	624	23.7%			67	5.1%			210.53	0.0001
Adjustment reaction	138	5.2%			44	3.3%			7.20	0.0073
Anxiety disorder	313	11.9%			153	11.6%			0.06	0.8071
Personality disorder	196	7.4%			39	3.0%			31.50	0.0001
Dysthymia	467	17.7%			220	16.7%			0.64	0.4229
Other psychiatric diagnosis	196	7.44%			77	5.8%			3.47	0.0625
Received any antipsychotic	2,170	82.3%			957	72.6%			50.10	0.0001
Received a conventional drug	868	40.0%			290	30.3%			26.78	0.0001
Received an atypical drug	1,420	65.4%			709	74.1%			22.86	0.0001
Received any clozapine	50	3.5%			80	11.3%			61.11	0.0001
Received any olanzapine	701	49.4%			277	39.1%			3.49	0.0618
Received any quetiapine	119	8.4%			99	14.0%			24.20	0.0001
Received any risperidone	583	41.1%			269	37.9%			0.52	0.4721
Comply with PORT guidelines	1,296	59.7%			551	57.6%			1.27	0.2603
on a conventional drug	334	38.5%			71	24.5%			18.72	0.0001
on an atypical drug	1,063	74.9%			511	72.1%			1.90	0.1676
Dosed above PORT guidelines	281	13.0%			93	9.7%			6.59	0.0103
on a conventional drug	81	9.3%			10	3.4%			10.39	0.0013
on an atypical drug	204	14.4%			86	12.1%			2.01	0.1562
Dosed below PORT guidelines	603	27.8%			320	33.4%			10.19	0.0014
on a conventional drug	453	52.2%			209	72.1%			35.08	0.0001
on an atypical drug	153	10.8%			112	15.8%			10.95	0.0009
Prescribed polypharmacy	166	7.7%			62	6.5%			1.35	0.2457
both an atypical and a conventional	118	71.1%			42	67.7%			0.04	0.8365

Table A2. Logistic regression results

Independent Variable	Received any antipsychotic			Received any atypical antipsychotic ^a			Dosed above PORT recommendation ^a			Dosed below PORT recommendation ^a			Prescribed polypharmacy ^a		
	Coefficient	p	Odds ratio	Coefficient	p	Odds ratio	Coefficient	p	Odds ratio	Coefficient	p	Odds ratio	Coefficient	p	Odds ratio
Intercept	1.5321	<.0001		1.6789	<.0001		-0.6837	0.0067		-2.2115	<.0001		-1.6913	<.0001	
VA patient	0.8426	<.0001	2.32	-0.3721	0.0013	0.69	0.4373	0.006	1.55	-0.3921	0.0006	0.68	0.1986	0.3081	1.22
Age	-0.0117	0.0004	0.99	-0.0189	<.0001	0.98	-0.0286	<.0001	0.97	0.0306	<.0001	1.03	-0.0172	0.0044	0.98
Female	0.2076	0.0661	1.23	-0.0547	0.6619	0.95	-0.2789	0.1222	0.76	0.2123	0.0771	1.24	-0.2558	0.2501	0.77
Other psychosis	0.5998	<.0001	1.82	0.4896	0.0003	1.63	-0.1457	0.4115	0.86	-0.1292	0.2985	0.88	0.3958	0.0426	1.49
Dementia/Alzheimer's disease	-0.1264	0.4497	0.88	0.4342	0.0256	1.54	-0.2947	0.327	0.75	0.1523	0.3736	1.17	-0.1632	0.6332	0.85
Major depression	-0.4684	<.0001	0.63	0.377	0.0022	1.46	-0.1791	0.2958	0.84	0.1272	0.2636	1.14	-0.0971	0.6442	0.91
Bipolar disorder	0.0734	0.5112	1.08	0.4663	0.0001	1.59	-0.0911	0.5728	0.91	-0.1543	0.1826	0.86	0.1113	0.5641	1.12
PTSD	-0.0933	0.5091	0.91	0.1904	0.2066	1.21	-0.3429	0.1227	0.71	0.1477	0.3057	1.16	-0.4369	0.1367	0.65
Substance abuse	-0.0659	0.575	0.94	0.1469	0.2097	1.16	-0.2016	0.2028	0.82	0.0268	0.8199	1.03	-0.0178	0.9267	0.98
Adjustment reaction	-0.8106	<.0001	0.45	0.3133	0.2127	1.37	-0.3239	0.3701	0.72	0.0563	0.7982	1.06	0.3096	0.398	1.36
Anxiety disorder	-0.2077	0.0917	0.81	0.3608	0.0186	1.43	-0.3785	0.0905	0.69	-0.062	0.6564	0.94	-0.3484	0.2118	0.71
Personality disorder	-0.0821	0.6318	0.92	0.084	0.6641	1.09	0.3705	0.1129	1.45	0.2087	0.241	1.23	0.0857	0.7829	1.09
Dysthymia	-0.3219	0.0029	0.73	0.1295	0.3058	1.14	-0.2087	0.2501	0.81	-0.1005	0.4084	0.9	-0.6196	0.0134	0.54
Other psychiatric diagnosis	-0.0136	0.9327	0.99	0.141	0.4383	1.15	0.1235	0.5956	1.13	0.0334	0.8425	1.03	-0.4322	0.2061	0.65

^a Among patients with schizophrenia who receive an antipsychotic.

Table A3. Logistic regression results. Receipt of atypical antipsychotic medications among patients who receive an antipsychotic

Independent Variable	Received any clozapine			Received any olanzapine			Received any quetiapine			Received any risperidone		
	Coefficient	p	Odds ratio	Coefficient	p	Odds ratio	Coefficient	p	Odds ratio	Coefficient	p	Odds ratio
Intercept	-0.7675	0.0306		-0.5713	0.0016		-1.8299	<.0001		-1.0769	<.0001	
VA patient	-1.1556	<.0001	0.32	0.1491	0.1776	1.16	-0.6552	0.0006	0.52	0.0213	0.8529	1.02
Age	-0.0339	<.0001	0.97	-0.00808	0.0155	0.99	-0.0155	0.0116	0.99	-0.00109	0.7531	1
Female	-0.2212	0.3329	0.8	-0.0842	0.481	0.92	0.1016	0.5982	1.11	0.1277	0.294	1.14
Other psychosis	-0.3336	0.2642	0.72	0.1749	0.1255	1.19	0.2336	0.2222	1.26	0.239	0.0409	1.27
Dementia/Alzheimer's disease	0.1372	0.758	1.15	-0.0892	0.6094	0.92	0.5456	0.0377	1.73	0.1882	0.2747	1.21
Major depression	-0.2417	0.3737	0.79	0.1003	0.3585	1.11	0.2515	0.1669	1.29	0.158	0.1595	1.17
Bipolar disorder	0.3379	0.1527	1.4	0.1506	0.1578	1.16	0.5556	0.0011	1.74	-0.0471	0.6772	0.95
PTSD	-0.5728	0.2329	0.56	0.0499	0.7147	1.05	0.672	0.0022	1.96	-0.0258	0.8581	0.98
Substance abuse	-0.1903	0.53	0.83	0.1478	0.1696	1.16	0.2356	0.2239	1.27	-0.057	0.6206	0.95
Adjustment reaction	0.1999	0.681	1.22	0.2343	0.2518	1.26	0.0215	0.9502	1.02	-0.0462	0.8318	0.96
Anxiety disorder	0.1201	0.6929	1.13	-0.1025	0.4417	0.9	-0.00031	0.9989	1	0.3048	0.0206	1.36
Personality disorder	0.062	0.8892	1.06	-0.0939	0.5837	0.91	-0.2077	0.4985	0.81	0.2536	0.138	1.29
Dysthymia	-0.1437	0.6051	0.87	0.058	0.6127	1.06	0.1302	0.4967	1.14	-0.0184	0.877	0.98
Other psychiatric diagnosis	-0.1071	0.7852	0.9	0.0598	0.7031	1.06	-0.1311	0.6264	0.88	0.0946	0.561	1.1

Table B1. Sample characteristics - Patients with a diagnosis of dementia

Variable	FY 2001	
	N	%
All Patients	21277	
Prescribed Any Cholinesterase Inhibitor or Antipsychotic	14071	66.1%
Prescribed Any Cholinesterase Inhibitor	8644	40.6%
Tacrine	11	0.1%
Donepezil	8046	93.1%
Rivastigmine	558	6.5%
Galantamine	39	0.5%
Received Any Antipsychotic	8910	41.9%
Received Any Conventional Antipsychotic	1375	6.5%
Received Any Atypical Antipsychotic	7713	36.3%
Clozapine	8	0.1%
Olanzapine	2422	31.4%
Quetiapine	1184	15.4%
Risperidone	4155	53.9%
Ziprasidone	13	0.2%

Table B2. VISN-level pharmacy measures for patients with a diagnosis of dementia who do not also have a diagnosis of schizophrenia

VISN	N	Percent prescribed any cholinesterase inhibitor or antipsychotic	Percent prescribed any cholinesterase inhibitor	Percent prescribed tacrine	Percent prescribed donepezil	Percent prescribed rivastigmine	Percent prescribed galantamine	Percent prescribed any antipsychotic	Percent prescribed any conventional antipsychotic	Percent prescribed any atypical antipsychotic	Percent prescribed clozapine	Percent prescribed olanzapine	Percent prescribed quetiapine	Percent prescribed risperidone	Percent prescribed ziprasidone
1	916	57.5%	58.8%	0.2%	55.6%	2.8%	0.2%	59.2%	6.5%	54.5%	0.0%	14.2%	13.9%	27.3%	0.4%
2	585	59.1%	60.4%	0.0%	52.6%	7.5%	0.6%	63.9%	10.1%	53.8%	0.0%	11.0%	9.8%	33.5%	0.0%
3	921	70.0%	71.9%	0.0%	70.4%	0.8%	0.8%	52.4%	4.3%	48.4%	0.2%	13.5%	6.5%	28.5%	0.0%
4	935	65.7%	60.3%	0.2%	58.5%	1.5%	0.2%	63.5%	11.2%	53.1%	0.0%	18.6%	8.5%	26.4%	0.0%
5	552	55.6%	63.8%	0.3%	59.6%	3.9%	0.0%	63.5%	8.5%	56.4%	0.3%	14.7%	11.4%	30.6%	0.0%
6	1,081	67.2%	57.4%	0.0%	53.2%	3.9%	0.4%	66.5%	11.3%	56.6%	0.1%	14.0%	5.6%	36.6%	0.3%
7	1,232	72.6%	53.4%	0.2%	50.6%	2.6%	0.0%	72.1%	12.4%	61.9%	0.2%	19.3%	9.1%	33.3%	0.6%
8	3,018	69.6%	63.5%	0.0%	58.7%	4.5%	0.4%	63.0%	12.6%	51.3%	0.0%	22.4%	7.1%	22.1%	0.1%
9	1,346	69.5%	62.8%	0.0%	59.3%	3.5%	0.0%	62.5%	9.0%	54.0%	0.0%	17.9%	6.7%	29.8%	0.0%
10	906	67.8%	63.8%	0.2%	60.7%	2.6%	0.3%	62.5%	7.3%	56.5%	0.0%	15.3%	10.4%	31.1%	0.0%
11	699	66.0%	61.0%	0.0%	59.0%	1.3%	0.7%	65.1%	10.0%	56.6%	0.2%	15.8%	4.6%	36.2%	0.0%
12	731	51.6%	56.0%	0.0%	54.9%	1.1%	0.0%	62.1%	9.5%	54.1%	0.0%	11.7%	5.8%	36.9%	0.0%
13	513	56.5%	58.6%	0.0%	57.6%	1.0%	0.0%	59.0%	9.3%	51.4%	0.0%	13.4%	7.6%	31.0%	0.0%
14	335	57.3%	64.1%	0.5%	57.3%	6.8%	0.0%	62.0%	11.5%	52.6%	0.0%	16.1%	7.8%	29.7%	0.0%
15	903	74.9%	65.2%	0.0%	62.6%	2.7%	0.0%	67.6%	10.1%	60.5%	0.1%	18.0%	7.5%	35.5%	0.0%
16	1,955	72.8%	60.9%	0.0%	55.1%	5.8%	0.1%	67.0%	5.8%	62.3%	0.0%	16.3%	12.7%	34.0%	0.1%
17	1,040	69.5%	64.3%	0.1%	53.0%	10.7%	0.7%	60.9%	11.1%	51.5%	0.0%	19.5%	7.5%	24.9%	0.0%
18	980	59.2%	57.9%	0.3%	56.4%	1.2%	0.0%	62.1%	13.6%	49.7%	0.0%	14.7%	7.4%	27.9%	0.0%
19	330	63.0%	52.4%	0.0%	48.1%	3.8%	0.5%	68.8%	9.6%	61.1%	0.0%	24.5%	5.8%	30.8%	0.0%
20	555	59.3%	55.9%	0.0%	54.4%	1.5%	0.0%	65.7%	10.9%	55.6%	0.0%	25.8%	6.7%	23.7%	0.0%
21	691	58.9%	59.7%	0.0%	57.7%	1.7%	0.2%	59.0%	9.8%	50.6%	0.0%	22.4%	6.6%	21.6%	0.2%
22	1,053	65.9%	65.9%	0.0%	55.8%	9.5%	0.7%	57.8%	8.6%	50.0%	0.0%	9.1%	11.4%	30.0%	0.0%
Min		51.6%	52.4%	0.0%	48.1%	0.8%	0.0%	52.4%	4.3%	48.4%	0.0%	9.1%	4.6%	21.6%	0.0%
Max		74.9%	71.9%	0.5%	70.4%	10.7%	0.8%	72.1%	13.6%	62.3%	0.3%	25.8%	13.9%	36.9%	0.6%
Mean	967	64.1%	60.8%	0.1%	56.9%	3.7%	0.3%	63.0%	9.7%	54.6%	0.1%	16.7%	8.2%	30.1%	0.1%
Std. Dev.	583	6.5%	4.5%	0.1%	4.6%	2.8%	0.3%	4.2%	2.2%	4.0%	0.1%	4.3%	2.4%	4.5%	0.2%
Coeff. of Var.	0.60	0.10	0.07	1.53	0.08	0.76	1.07	0.07	0.23	0.07	1.71	0.26	0.30	0.15	2.06

Table B3. Station-level pharmacy measures for patients with a diagnosis of dementia who do not also have a diagnosis of schizophrenia

VISN	Station number	Station name	N	Percent prescribed any cholinesterase inhibitor or antipsychotic	Percent prescribed any cholinesterase inhibitor	Percent prescribed tacrine	Percent prescribed donepezil	Percent prescribed rivastigmine	Percent prescribed galantamine	Percent prescribed any antipsychotic	Percent prescribed any conventional antipsychotic	Percent prescribed any atypical antipsychotic	Percent prescribed clozapine	Percent prescribed olanzapine	Percent prescribed quetiapine	Percent prescribed risperidone	Percent prescribed ziprasidone
1	402	TOGUS	74	68.9%	60.8%	0.0%	60.8%	0.0%	0.0%	52.9%	9.8%	49.0%	0.0%	5.9%	19.6%	21.6%	2.0%
1	405	WHITE RIVER JCT	44	61.4%	66.7%	0.0%	63.0%	3.7%	0.0%	51.9%	11.1%	48.1%	0.0%	11.1%	14.8%	22.2%	0.0%
1	518	BEDFORD	124	56.5%	55.7%	0.0%	47.1%	8.6%	0.0%	61.4%	8.6%	54.3%	0.0%	25.7%	12.9%	20.0%	0.0%
1	523	BOSTON	292	47.9%	60.7%	0.0%	59.3%	1.4%	0.0%	52.1%	5.0%	47.1%	0.0%	12.1%	15.0%	21.4%	0.0%
1	608	MANCHESTER	58	48.3%	64.3%	0.0%	64.3%	0.0%	0.0%	57.1%	7.1%	53.6%	0.0%	7.1%	17.9%	28.6%	0.0%
1	631	NORTHAMPTON	83	63.9%	52.8%	1.9%	45.3%	3.8%	1.9%	75.5%	5.7%	69.8%	0.0%	20.8%	7.5%	41.5%	0.0%
1	650	PROVIDENCE	82	74.4%	63.9%	0.0%	57.4%	6.6%	0.0%	62.3%	6.6%	57.4%	0.0%	6.6%	14.8%	36.1%	0.0%
1	689	WEST HAVEN	159	61.0%	53.6%	0.0%	53.6%	0.0%	0.0%	62.9%	4.1%	59.8%	0.0%	17.5%	11.3%	32.0%	1.0%
2	528	UPSTATE N.Y. HCS	585	59.1%	60.4%	0.0%	52.6%	7.5%	0.6%	63.9%	10.1%	53.8%	0.0%	11.0%	9.8%	33.5%	0.0%
3	526	BRONX	177	70.1%	65.3%	0.0%	61.3%	0.8%	3.2%	58.9%	2.4%	56.5%	0.8%	9.7%	8.1%	37.9%	0.0%
3	561	EAST ORANGE	183	68.9%	75.4%	0.0%	75.4%	0.0%	0.0%	47.6%	4.8%	43.7%	0.0%	1.6%	4.8%	37.3%	0.0%
3	620	MONTROSE	119	64.7%	67.5%	0.0%	64.9%	2.6%	0.0%	53.2%	6.5%	46.8%	0.0%	14.3%	6.5%	26.0%	0.0%
3	630	N.Y. HARBOR HCS	281	72.2%	81.3%	0.0%	80.3%	0.5%	0.5%	46.8%	4.4%	42.9%	0.0%	18.2%	7.9%	17.7%	0.0%
3	632	NORTHPORT	161	71.4%	61.7%	0.0%	60.9%	0.9%	0.0%	60.0%	4.3%	55.7%	0.0%	21.7%	4.3%	29.6%	0.0%
4	460	WILMINGTON	57	64.9%	73.0%	0.0%	73.0%	0.0%	0.0%	40.5%	8.1%	32.4%	0.0%	13.5%	10.8%	10.8%	0.0%
4	503	JAMES E VAN ZAND	41	75.6%	77.4%	0.0%	77.4%	0.0%	0.0%	41.9%	9.7%	32.3%	0.0%	6.5%	3.2%	22.6%	0.0%
4	529	BUTLER	35	68.6%	66.7%	0.0%	66.7%	0.0%	0.0%	54.2%	8.3%	45.8%	0.0%	8.3%	16.7%	20.8%	0.0%
4	540	CLARKSBURG	154	73.4%	66.4%	0.0%	66.4%	0.0%	0.0%	54.0%	10.6%	44.2%	0.0%	18.6%	2.7%	23.0%	0.0%
4	542	COATESVILLE	68	69.1%	66.0%	2.1%	59.6%	4.3%	0.0%	63.8%	0.0%	63.8%	0.0%	29.8%	12.8%	21.3%	0.0%
4	562	ERIE	64	78.1%	64.0%	0.0%	64.0%	0.0%	0.0%	70.0%	20.0%	52.0%	0.0%	20.0%	4.0%	28.0%	0.0%
4	595	LEBANON	50	70.0%	68.6%	0.0%	68.6%	0.0%	0.0%	62.9%	14.3%	48.6%	0.0%	34.3%	0.0%	14.3%	0.0%
4	642	PHILADELPHIA	125	60.8%	52.6%	0.0%	44.7%	7.9%	0.0%	71.1%	14.5%	57.9%	0.0%	22.4%	7.9%	28.9%	0.0%
4	646	PITTSBURGH-UNIV	245	52.2%	46.1%	0.0%	45.3%	0.0%	0.8%	71.9%	14.8%	58.6%	0.0%	15.6%	17.2%	25.8%	0.0%
4	693	WILKES BARRE	96	76.0%	57.5%	0.0%	56.2%	1.4%	0.0%	75.3%	5.5%	69.9%	0.0%	15.1%	5.5%	49.3%	0.0%
5	512	BALTIMORE	257	49.0%	61.1%	0.8%	57.9%	2.4%	0.0%	56.3%	6.3%	51.6%	0.8%	11.1%	8.7%	31.7%	0.0%
5	613	MARTINSBURG	149	58.4%	64.4%	0.0%	63.2%	1.1%	0.0%	60.9%	16.1%	46.0%	0.0%	11.5%	18.4%	16.1%	0.0%
5	688	WASHINGTON	146	64.4%	67.0%	0.0%	58.5%	8.5%	0.0%	75.5%	4.3%	72.3%	0.0%	22.3%	8.5%	42.6%	0.0%
6	517	BECKLEY	108	72.2%	59.0%	0.0%	56.4%	2.6%	0.0%	65.4%	19.2%	48.7%	0.0%	10.3%	9.0%	29.5%	0.0%
6	558	DURHAM	83	62.7%	55.8%	0.0%	51.9%	3.8%	0.0%	65.4%	7.7%	57.7%	0.0%	15.4%	1.9%	40.4%	0.0%
6	565	FAYETTEVILLE NC	83	73.5%	52.5%	0.0%	49.2%	1.6%	1.6%	70.5%	6.7%	67.2%	0.0%	13.1%	3.3%	50.8%	0.0%
6	590	HAMPTON	81	67.9%	40.0%	0.0%	40.0%	0.0%	0.0%	78.2%	18.2%	63.6%	0.0%	20.0%	7.3%	36.4%	0.0%
6	637	ASHEVILLE-OTEEEN	30	70.0%	42.9%	0.0%	42.9%	0.0%	0.0%	71.4%	23.8%	47.6%	0.0%	28.6%	4.8%	14.3%	0.0%
6	652	RICHMOND	142	69.0%	61.2%	0.0%	52.0%	9.2%	0.0%	67.3%	12.2%	56.1%	1.0%	14.3%	3.1%	37.8%	0.0%
6	658	SALEM	282	64.2%	63.5%	0.0%	59.1%	3.9%	0.6%	58.6%	12.7%	46.4%	0.0%	13.8%	8.3%	24.9%	0.0%
6	659	SALISBURY	272	66.2%	57.8%	0.0%	53.3%	3.9%	0.6%	69.4%	5.0%	65.6%	0.0%	12.2%	4.4%	47.8%	1.1%
7	508	ATLANTA	166	82.5%	67.2%	0.7%	64.2%	2.2%	0.0%	70.1%	8.0%	64.2%	0.7%	13.1%	11.7%	39.4%	0.0%
7	509	AUGUSTA	153	60.1%	33.7%	1.1%	30.4%	2.2%	0.0%	76.1%	13.0%	64.1%	0.0%	16.3%	26.1%	22.8%	0.0%
7	521	BIRMINGHAM	158	71.5%	40.7%	0.0%	40.7%	0.0%	0.0%	79.6%	21.2%	62.8%	0.9%	30.1%	3.5%	29.2%	0.0%
7	534	CHARLESTON	143	68.5%	53.1%	0.0%	49.0%	4.1%	0.0%	73.5%	14.3%	62.2%	0.0%	10.2%	5.1%	44.9%	3.1%
7	544	COLUMBIA SC	171	76.6%	47.3%	0.0%	46.6%	0.8%	0.0%	80.2%	6.9%	74.8%	0.0%	22.1%	15.3%	38.2%	0.0%
7	557	DUBLIN	166	77.7%	75.2%	0.0%	74.4%	0.8%	0.0%	53.5%	10.1%	44.2%	0.0%	17.8%	2.3%	24.0%	0.0%
7	619	MONTGOMERY	151	73.5%	51.4%	0.0%	40.5%	10.8%	0.0%	75.7%	9.9%	68.5%	0.0%	27.0%	3.6%	37.8%	0.0%
7	679	TUSCALOOSA	124	67.7%	48.8%	0.0%	48.8%	0.0%	0.0%	70.2%	20.2%	52.4%	0.0%	16.7%	6.0%	27.4%	2.4%
8	516	BAY PINES	326	50.0%	63.2%	0.0%	57.7%	5.5%	0.0%	56.4%	6.7%	49.7%	0.0%	13.5%	12.9%	23.9%	0.0%
8	546	MIAMI	289	50.9%	48.3%	0.0%	29.9%	18.4%	0.0%	72.8%	35.4%	38.8%	0.0%	8.8%	2.0%	27.2%	0.7%
8	548	W PALM BEACH	259	83.4%	69.4%	0.0%	52.3%	17.1%	0.5%	63.0%	13.0%	53.2%	0.0%	19.0%	4.6%	30.1%	0.0%
8	573	N FL/S GA HCS	406	68.7%	67.7%	0.0%	64.2%	3.6%	0.7%	60.2%	7.9%	53.0%	0.0%	19.7%	5.0%	28.3%	0.0%
8	672	SAN JUAN	1,052	75.2%	53.6%	0.0%	53.4%	0.1%	0.1%	74.1%	15.5%	59.3%	0.0%	37.7%	8.0%	14.5%	0.0%
8	673	TAMPA	686	73.6%	78.6%	0.2%	75.6%	2.2%	0.8%	46.3%	5.5%	41.2%	0.2%	8.1%	7.7%	25.0%	0.2%
9	581	HUNTINGTON	67	61.2%	70.7%	0.0%	70.7%	0.0%	0.0%	63.4%	7.3%	58.5%	0.0%	19.5%	2.4%	36.6%	0.0%
9	596	LEXINGTON-LEESTO	173	75.1%	74.6%	0.0%	73.8%	0.8%	0.0%	46.9%	2.3%	44.6%	0.0%	16.9%	3.8%	23.8%	0.0%
9	603	LOUISVILLE	176	69.9%	68.3%	0.0%	65.9%	2.4%	0.0%	54.5%	8.1%	46.3%	0.0%	14.6%	6.5%	25.2%	0.0%
9	614	MEMPHIS	208	61.1%	59.1%	0.0%	58.3%	0.8%	0.0%	55.9%	22.8%	33.9%	0.0%	8.7%	3.9%	21.3%	0.0%
9	621	MOUNTAIN HOME	201	82.1%	55.8%	0.0%	53.9%	1.8%	0.0%	76.4%	6.1%	70.9%	0.0%	20.6%	11.5%	39.4%	0.0%
9	622	MURFREESBORO	2	50.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	100.0%	0.0%	0.0%
9	626	VA MID TENN HCS	519	67.1%	60.3%	0.0%	53.2%	7.2%	0.0%	66.7%	8.3%	58.9%	0.0%	21.3%	7.2%	31.3%	0.0%
10	538	CHILLICOTHE	186	71.5%	66.9%	0.0%	63.2%	3.8%	0.0%	63.9%	17.3%	50.4%	0.0%	13.5%	13.5%	23.3%	0.0%
10	539	CINCINNATI	92	66.3%	47.5%	0.0%	42.6%	1.6%	3.3%	70.5%	6.6%	65.6%	0.0%	18.0%	9.8%	39.3%	0.0%
10	541	CLEVELAND-WADE P	362	65.7%	58.4%	0.0%	55.5%	2.9%	0.0%	61.3%	5.5%	56.7%	0.0%	14.7%	10.5%	31.9%	0.0%
10	552	DAYTON	125	58.4%	71.2%	0.0%	69.9%	1.4%	0.0%	56.2%	5.5%	50.7%	0.0%	12.3%	8.2%	30.1%	0.0%
10	757	COLUMBUS-HOC	141	77.3%	76.1%	0.9%	73.4%	1.8%	0.0%	63.3%	0.9%	62.4%	0.0%	19.3%	8.3%	34.9%	0.0%
11	506	ANN ARBOR HCS	124	58.1%	55.6%	0.0%	55.6%	0.0%	0.0%	65.3%	5.6%	59.7%	1.4%	25.0%	4.2%	29.2%	0.0%
11	515	BATTLE CREEK	141	75.2%	71.7%	0.0%	70.8%	0.9%	0.0%	58.5%	9.4%	49.1%	0.0%	14.2%	8.5%	26.4%	0.0%
11	550	ILLIANA HCS DANV	142	54.9%	37.2%	0.0%	34.6%	2.6%	0.0%	76.9%	11.5%	69.2%	0.0%	28.2%	2.6%	38.5%	0.0%
11	553	DETROIT VAMC	85	70.6%	50.0%	0.0%	45.0%	1.7%	3.3%	75.0%	11.7%	65.0%	0.0%	8.3%	6.7%	50.0%	0.0%

Table B3. Station-level pharmacy measures for patients with a diagnosis of dementia who do not also have a diagnosis of schizophrenia

VISN	Station number	Station name	N	Percent prescribed any cholinesterase inhibitor or antipsychotic	Percent prescribed any cholinesterase inhibitor	Percent prescribed tacrine	Percent prescribed donepezil	Percent prescribed rivastigmine	Percent prescribed galantamine	Percent prescribed any antipsychotic	Percent prescribed any conventional antipsychotic	Percent prescribed any atypical antipsychotic	Percent prescribed clozapine	Percent prescribed olanzapine	Percent prescribed quetiapine	Percent prescribed risperidone	Percent prescribed ziprasidone
11	583	INDIANAPOLIS-10T	65	63.1%	65.9%	0.0%	63.4%	2.4%	0.0%	63.4%	14.6%	53.7%	0.0%	7.3%	2.4%	43.9%	0.0%
11	610	NORTHERN INDIANA	67	73.1%	75.5%	0.0%	75.5%	0.0%	0.0%	59.2%	14.3%	46.9%	0.0%	12.2%	0.0%	36.7%	0.0%
11	655	SAGINAW	75	73.3%	76.4%	0.0%	72.7%	1.8%	1.8%	56.4%	5.5%	50.9%	0.0%	7.3%	3.6%	40.0%	0.0%
12	537	VA CHICAGO HCS	307	45.3%	55.4%	0.0%	54.0%	1.4%	0.0%	64.0%	5.8%	59.7%	0.0%	18.7%	3.6%	37.4%	0.0%
12	556	NORTH CHICAGO	73	57.5%	73.8%	0.0%	73.8%	0.0%	0.0%	42.9%	7.1%	35.7%	0.0%	4.8%	4.8%	26.2%	0.0%
12	578	HINES	81	50.6%	48.8%	0.0%	46.3%	2.4%	0.0%	70.7%	7.3%	63.4%	0.0%	9.8%	4.9%	48.8%	0.0%
12	585	IRON MOUNTAIN	15	73.3%	27.3%	0.0%	27.3%	0.0%	0.0%	90.9%	36.4%	63.6%	0.0%	9.1%	0.0%	54.5%	0.0%
12	607	MADISON	89	51.7%	50.0%	0.0%	50.0%	0.0%	0.0%	58.7%	8.7%	50.0%	0.0%	4.3%	15.2%	30.4%	0.0%
12	676	TOMAH	26	73.1%	57.9%	0.0%	57.9%	0.0%	0.0%	68.4%	15.8%	52.6%	0.0%	10.5%	0.0%	47.4%	0.0%
12	695	MILWAUKEE	140	56.4%	58.2%	0.0%	57.0%	1.3%	0.0%	60.8%	13.9%	50.6%	0.0%	8.9%	7.6%	34.2%	0.0%
13	437	FARGO	41	68.3%	39.3%	0.0%	39.3%	0.0%	0.0%	78.6%	17.9%	64.3%	0.0%	35.7%	3.6%	28.6%	0.0%
13	438	SIOUX FALLS	127	62.2%	69.6%	0.0%	69.6%	0.0%	0.0%	49.4%	8.9%	43.0%	0.0%	7.6%	7.6%	27.8%	0.0%
13	568	FORT MEADE	133	45.9%	27.9%	0.0%	24.6%	3.3%	0.0%	78.7%	19.7%	62.3%	0.0%	6.6%	6.6%	49.2%	0.0%
13	618	MINNEAPOLIS	162	54.9%	68.5%	0.0%	67.4%	1.1%	0.0%	55.1%	3.4%	51.7%	0.0%	15.7%	6.7%	29.2%	0.0%
13	656	ST CLOUD	50	66.0%	78.8%	0.0%	78.8%	0.0%	0.0%	39.4%	0.0%	39.4%	0.0%	15.2%	15.2%	12.1%	0.0%
14	636	VA NEB-WESTERN I	335	57.3%	64.1%	0.5%	57.3%	6.8%	0.0%	62.0%	11.5%	52.6%	0.0%	16.1%	7.8%	29.7%	0.0%
15	452	VAMC WICHITA KS<	54	70.4%	60.5%	0.0%	60.5%	0.0%	0.0%	86.8%	13.2%	78.9%	0.0%	7.9%	13.2%	57.9%	0.0%
15	543	COLUMBIA MO<0401	104	71.2%	62.2%	0.0%	60.8%	1.4%	0.0%	58.1%	14.9%	51.4%	0.0%	10.8%	2.7%	37.8%	0.0%
15	589	VAMC HEARTLAND-W	97	64.9%	49.2%	0.0%	47.6%	1.6%	0.0%	65.1%	6.3%	60.3%	0.0%	7.9%	14.3%	38.1%	0.0%
15	609	MARION IL<0701	160	79.4%	61.4%	0.0%	59.8%	1.6%	0.0%	72.4%	8.7%	63.8%	0.0%	25.2%	6.3%	33.1%	0.0%
15	647	POPLAR BLUFF<401	87	71.3%	69.4%	0.0%	66.1%	3.2%	0.0%	62.9%	0.0%	62.9%	0.0%	38.7%	4.8%	22.6%	0.0%
15	657	VA HEARTLAND-E V	243	74.5%	72.4%	0.0%	69.1%	3.3%	0.0%	65.7%	8.8%	59.7%	0.6%	17.1%	7.7%	34.8%	0.0%
15	677	COLMERY-ONEIL VA	158	82.9%	67.9%	0.0%	63.4%	4.6%	0.0%	68.7%	16.0%	57.3%	0.0%	14.5%	7.6%	35.9%	0.0%
16	502	ALEXANDRIA	110	77.3%	72.9%	0.0%	69.4%	3.5%	0.0%	55.3%	3.5%	51.8%	0.0%	17.6%	1.2%	34.1%	0.0%
16	520	GULF COAST HCS	289	74.0%	74.3%	0.0%	71.5%	2.8%	0.0%	57.0%	8.4%	49.5%	0.0%	12.6%	7.9%	29.9%	0.0%
16	564	FAYETTEVILLE AR	100	80.0%	58.8%	0.0%	56.3%	2.5%	0.0%	63.8%	1.3%	62.5%	0.0%	20.0%	20.0%	22.5%	0.0%
16	580	HOUSTON	561	66.3%	42.2%	0.0%	35.8%	6.7%	0.3%	83.6%	3.2%	81.5%	0.0%	19.6%	14.2%	48.9%	0.0%
16	586	JACKSON	226	85.8%	72.7%	0.0%	62.4%	9.8%	0.5%	60.8%	3.1%	58.8%	0.0%	10.8%	24.7%	22.7%	0.5%
16	598	LITTLE ROCK	196	64.8%	62.2%	0.0%	48.0%	14.2%	0.0%	66.9%	11.0%	57.5%	0.0%	10.2%	17.3%	29.9%	0.0%
16	623	MUSKOGEE	98	83.7%	79.3%	0.0%	73.2%	6.1%	0.0%	45.1%	4.9%	40.2%	0.0%	12.2%	4.9%	23.2%	0.0%
16	629	NEW ORLEANS	130	72.3%	63.8%	0.0%	62.8%	1.1%	0.0%	68.1%	6.4%	62.8%	0.0%	23.4%	11.7%	29.8%	0.0%
16	635	OKLAHOMA CITY	91	69.2%	41.3%	0.0%	39.7%	1.6%	0.0%	82.5%	15.9%	71.4%	0.0%	28.6%	4.8%	38.1%	0.0%
16	667	SHREVEPORT	154	73.4%	62.8%	0.0%	61.1%	1.8%	0.0%	59.3%	8.0%	53.1%	0.0%	15.0%	5.3%	33.6%	0.0%
17	549	DALLAS	453	76.6%	70.0%	0.0%	57.1%	12.1%	1.2%	53.3%	10.1%	45.0%	0.0%	21.0%	6.9%	17.6%	0.0%
17	671	SAN ANTONIO	371	60.9%	47.5%	0.4%	47.3%	9.3%	0.4%	68.1%	17.7%	53.1%	0.0%	11.5%	7.5%	34.5%	0.0%
17	674	VA CENTRAL TEXAS	216	69.4%	61.3%	0.0%	52.0%	9.3%	0.0%	67.3%	3.3%	64.0%	0.0%	28.0%	8.7%	27.3%	0.0%
18	501	NEW MEXICO HCS	263	45.6%	45.0%	0.0%	45.0%	0.0%	0.0%	74.2%	13.3%	62.5%	0.0%	25.0%	10.8%	28.3%	0.0%
18	504	AMARILLO HCS	131	67.2%	72.7%	0.0%	72.7%	0.0%	0.0%	45.5%	17.0%	28.4%	0.0%	6.8%	12.5%	9.1%	0.0%
18	519	WEST TEXAS HCS	132	90.9%	89.2%	0.0%	86.7%	2.5%	0.0%	38.3%	7.5%	30.8%	0.0%	10.8%	0.8%	19.2%	0.0%
18	644	PHOENIX	224	44.2%	14.1%	1.0%	11.1%	2.0%	0.0%	92.9%	22.2%	73.7%	0.0%	23.2%	12.1%	38.4%	0.0%
18	649	NORTHERN ARIZONA	48	50.0%	66.7%	0.0%	66.7%	0.0%	0.0%	41.7%	8.3%	33.3%	0.0%	8.3%	0.0%	25.0%	0.0%
18	678	SOUTHERN ARIZONA	115	73.0%	64.3%	0.0%	64.3%	0.0%	0.0%	61.9%	8.3%	53.6%	0.0%	3.6%	4.8%	45.2%	0.0%
18	756	EL PASO HCS	67	67.2%	60.0%	2.2%	53.3%	4.4%	0.0%	68.9%	17.8%	55.6%	0.0%	17.8%	4.4%	33.3%	0.0%
19	436	FORT HARRISON	42	66.7%	46.4%	0.0%	46.4%	0.0%	0.0%	71.4%	3.6%	71.4%	0.0%	21.4%	10.7%	39.3%	0.0%
19	442	CHEYENNE	35	71.4%	56.0%	0.0%	56.0%	0.0%	0.0%	60.0%	0.0%	60.0%	0.0%	40.0%	4.0%	16.0%	0.0%
19	554	DENVER	81	39.5%	34.4%	0.0%	34.4%	0.0%	0.0%	68.8%	15.6%	56.3%	0.0%	9.4%	3.1%	43.8%	0.0%
19	567	STH COLORADO HCS	18	55.6%	60.0%	0.0%	60.0%	0.0%	0.0%	70.0%	10.0%	60.0%	0.0%	20.0%	20.0%	20.0%	0.0%
19	575	GRAND JUNCTION	37	73.0%	44.4%	0.0%	40.7%	3.7%	0.0%	74.1%	11.1%	63.0%	0.0%	3.7%	7.4%	51.9%	0.0%
19	660	SALT LAKE CITY H	88	76.1%	61.2%	0.0%	55.2%	4.5%	1.5%	74.6%	11.9%	65.7%	0.0%	38.8%	4.5%	22.4%	0.0%
19	666	SHERIDAN	29	65.5%	63.2%	0.0%	42.1%	21.1%	0.0%	47.4%	10.5%	36.8%	0.0%	15.8%	0.0%	21.1%	0.0%
20	463	ALASKA HCS & RO	9	66.7%	83.3%	0.0%	83.3%	0.0%	0.0%	66.7%	0.0%	66.7%	0.0%	66.7%	0.0%	16.7%	0.0%
20	531	BOISE	49	85.7%	85.7%	0.0%	85.7%	0.0%	0.0%	45.2%	9.5%	35.7%	0.0%	16.7%	7.1%	11.9%	0.0%
20	648	PORTLAND	221	57.9%	59.4%	0.0%	57.0%	2.3%	0.0%	65.6%	12.5%	53.9%	0.0%	35.2%	7.0%	12.5%	0.0%
20	653	VA ROSEBURG HCS	78	52.6%	34.1%	0.0%	34.1%	0.0%	0.0%	75.6%	12.2%	65.9%	0.0%	12.2%	0.0%	53.7%	0.0%
20	663	PUGET SOUND HCS	121	57.0%	46.4%	0.0%	43.5%	2.9%	0.0%	72.5%	14.5%	59.4%	0.0%	18.8%	13.0%	27.5%	0.0%
20	668	SPOKANE	22	77.3%	35.3%	0.0%	35.3%	0.0%	0.0%	82.4%	0.0%	82.4%	0.0%	35.3%	5.9%	41.2%	0.0%
20	687	WALLA WALLA	21	57.1%	50.0%	0.0%	50.0%	0.0%	0.0%	58.3%	0.0%	58.3%	0.0%	33.3%	0.0%	25.0%	0.0%
20	692	WHITE CITY	34	41.2%	64.3%	0.0%	64.3%	0.0%	0.0%	50.0%	7.1%	42.9%	0.0%	7.1%	0.0%	35.7%	0.0%
21	358	MANILA	2	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	100.0%	50.0%	0.0%	0.0%	0.0%	50.0%	0.0%
21	459	HONOLULU	96	43.8%	57.1%	0.0%	54.8%	2.4%	0.0%	66.7%	7.1%	59.5%	0.0%	23.8%	7.1%	26.2%	2.4%
21	570	CENTRAL CALIFORN	83	69.9%	58.6%	0.0%	58.6%	0.0%	0.0%	58.6%	10.3%	50.0%	0.0%	31.0%	0.0%	19.0%	0.0%
21	612	NCHC MARTINEZ	124	67.7%	56.0%	0.0%	56.0%	0.0%	0.0%	56.0%	9.5%	47.6%	0.0%	20.2%	6.0%	21.4%	0.0%
21	640	PALO ALTO-PALO A	204	54.9%	54.5%	0.0%	53.6%	0.9%	0.0%	67.9%	12.5%	58.0%	0.0%	24.1%	9.8%	25.0%	0.0%
21	654	SIERRA NEVADA HC	84	57.1%	66.7%	0.0%	62.5%	4.2%	0.0%	45.8%	0.0%	45.8%	0.0%	18.8%	8.3%	18.8%	0.0%
21	662	SAN FRANCISCO	98	62.2%	73.8%	0.0%	67.2%	4.9%	1.6%	50.8%	11.5%	39.3%	0.0%	16.4%	6.6%	16.4%	0.0%

Table B3. Station-level pharmacy measures for patients with a diagnosis of dementia who do not also have a diagnosis of schizophrenia

VISN	Station number	Station name	N	Percent prescribed any cholinesterase inhibitor or antipsychotic	Percent prescribed any cholinesterase inhibitor	Percent prescribed tacrine	Percent prescribed donepezil	Percent prescribed rivastigmine	Percent prescribed galantamine	Percent prescribed any antipsychotic	Percent prescribed any conventional antipsychotic	Percent prescribed any atypical antipsychotic	Percent prescribed clozapine	Percent prescribed olanzapine	Percent prescribed quetiapine	Percent prescribed risperidone	Percent prescribed ziprasidone
22	593	LAS VEGAS	89	78.7%	81.4%	0.0%	81.4%	0.0%	0.0%	52.9%	5.7%	47.1%	0.0%	11.4%	2.9%	32.9%	0.0%
22	600	VA LONG BEACH HC	170	65.9%	52.7%	0.0%	38.4%	14.3%	0.0%	73.2%	4.5%	68.8%	0.0%	9.8%	22.3%	37.5%	0.0%
22	605	LOMA LINDA	200	77.0%	63.6%	0.0%	37.7%	23.4%	3.2%	63.0%	9.7%	53.9%	0.0%	9.1%	8.4%	37.0%	0.0%
22	664	VA SAN DIEGO HCS	304	66.4%	69.8%	0.0%	64.4%	5.4%	0.0%	48.0%	7.9%	42.1%	0.0%	10.4%	9.9%	21.8%	0.0%
22	691	GREATER LA HCS	290	53.8%	65.4%	0.0%	63.5%	1.9%	0.0%	56.4%	12.8%	44.2%	0.0%	5.8%	12.2%	26.9%	0.0%
Min				39.5%	0.0%	0.0%	0.0%	0.0%	0.0%	38.3%	0.0%	28.4%	0.0%	0.0%	0.0%	9.1%	0.0%
Max				100.0%	89.2%	2.2%	86.7%	23.4%	3.3%	100.0%	100.0%	100.0%	1.4%	66.7%	26.1%	100.0%	3.1%
Mean			158	66.4%	59.3%	0.1%	56.1%	3.0%	0.2%	63.8%	10.4%	55.2%	0.0%	16.7%	7.7%	31.2%	0.1%
Std. Dev.			141	10.7%	14.6%	0.4%	15.0%	4.3%	0.6%	11.8%	10.0%	11.4%	0.2%	9.6%	5.5%	11.9%	0.4%
Coeff. of Var.			0.90	0.16	0.25	3.99	0.27	1.44	3.01	0.19	0.96	0.21	4.33	0.57	0.71	0.38	4.49